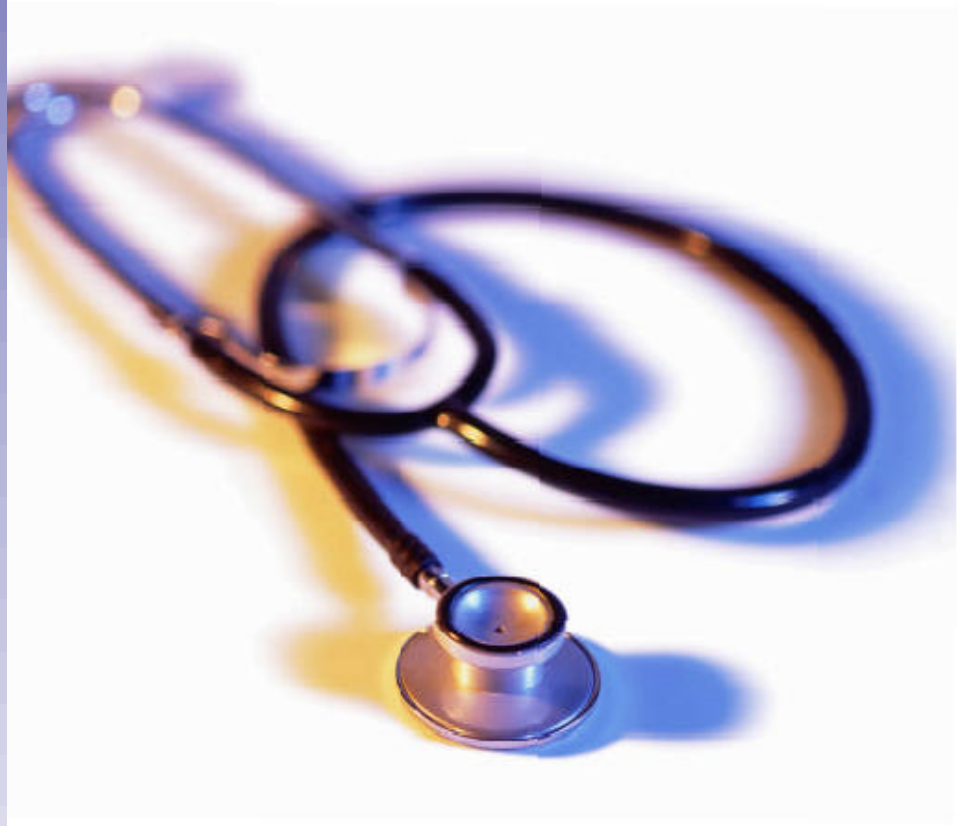
2001

Straight Talk on Texas HMOs:

A PURCHASER'S GUIDE

HEDIS® 2001 Texas Subset



Texas Health Care Information Council

Texas Health Care Information Council

The Texas Legislature created the Texas Health Care Information Council (THCIC) in 1995 to establish a statewide health care data collection system. THCIC is mandated to collect information on health care charges, utilization, provider quality, and outcomes to facilitate the promotion and accessibility of high quality, cost effective health care. THCIC's primary purpose is to encourage and enable informed decision-making regarding health care providers.

THCIC is governed by a 19 member board comprised of 15 stakeholders in the health care delivery system of Texas, including hospitals, physicians, health plans, consumers, business, labor, and health experts, along with the directors or designees of four state agencies involved in health or insurance. THCIC operates under the umbrella of the Texas Health and Human Services Commission.

THCIC's authorizing legislation recognized the need to bring representatives of health care entities together with consumer representatives on several levels to develop solutions to the issues that emerge in developing reports for evaluating and selecting health care providers. To this end, THCIC established five technical advisory committees (TACs). The Health Maintenance Organization (HMO) TAC guided much of the work resulting in this annual report as part of their mission to recommend measures, data collection requirements, methods, standards, and formats for the public reporting of quality data on Texas HMOs.

THCIC, committee, and TAC meetings are all open meetings by law. Agenda are posted on the agency web site at *www.thcic.state.tx.us* and in the *Texas Register.*

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About This Report

Chapter 108 of the Texas Health and Safety Code authorizes the collection of provider quality data from health benefit plans (health maintenance organizations) by market service area, and directs the Texas Health Care Information Council (THCIC) to make these data available for public use.

Straight Talk on Texas HMOs: A Purchaser's Guide reports quality of care performance by 25 licensed **basic service** health maintenance organizations (HMOs) providing commercial insurance in Texas during calendar year 2000. Since many of the HMOs have multiple service areas, there are 53 plan market listings in this report. THCIC allows HEDIS® data for HMO service areas of less than 5,000 members to be combined with the geographically closest service area with 5,000 or more members. HMOs must request this privilege by November 15th of the reporting year.

Basic health services are defined by federal[1] and state law[2] as:

- physician services,
- inpatient and outpatient hospital services,
- medically necessary emergency health services,
- short-term outpatient evaluative and crisis intervention mental health services,
- medical treatment and referral services for the abuse of, or addiction to, alcohol and drugs,
- diagnostic laboratory and diagnostic and therapeutic radiologic services,
- home health services, and
- preventive health services including immunizations, well-child care, periodic health evaluations for adults, family planning services, infertility services and children's eye and ear examinations.

Basic service HMOs are required under Texas law (Chapter 108 of the Texas Health and Safety Code) to report Health Plan Employer Data and Information Set (HEDIS®) measures annually to THCIC. HEDIS® is developed and maintained by the National Committee on Quality Assurance (NCQA).

In keeping with the National Committee on Quality Assurance's (NCQA's) policies, THCIC allows HMOs to combine their Point of Service (POS) memberships (or not) with their HMO memberships prior to drawing their samples for HEDIS® reporting (see Product Reported on pg 158). At this time, Texas does not require HEDIS® or financial reporting by Preferred Provider Organizations (PPO).

In 1995, 12% of the Texas population was enrolled in a basic service HMO. Enrollment grew by an average of 20% a year from 1995 to 1998[3]. Total enrollment reached 3,938,259 by the end of 2000 and commercial product line accounted for 76% of this enrollment. These figures do not include Texans covered by non-managed care Medicare or Medicaid, nor do they include Texans covered by self-insured HMOs not regulated by TDI.

Straight Talk is intended for use by employee benefits specialists in recommending purchasing decisions for groups of employees and health plans themselves for quality improvement purposes. ***Straight Talk*** is designed to be a comprehensive decision support

tool that focuses on plan attributes other than benefits and costs. One of its primary values is that it is not proprietary in nature; rather, it contains objective data based upon uniformly understood standards: HEDIS®. Comparing and choosing health plans based on the quality of their services as well as their costs encourages the plans to meet or exceed baseline quality standards.

THCIC also produces consumer-oriented reports on commercial plan performance designed as companion pieces for ***Comparing Texas HMOs*** published by the Office of Public Insurance Counsel (*www.opic.state.tx.us*). ***Your HMO Quality Check-up: A Consumer's Guide,*** published in August 2001 by THCIC, contains fewer measures than ***Straight Talk*** and focuses upon the preventive services offered by Texas HMOs. The guide compares plans in the context of regional and state averages. Six region-specific guides are available on the THCIC web site at *www.thcic.state.tx.us*.

THCIC publishes its reports on the agency's web site as soon as they are complete. THCIC publications can be downloaded from the web site free of charge. If you are interested in other Council publications or updates to this report, we encourage you to check THCIC's web site often at *www.thcic.state.tx.us*.

We would like your feedback on this publication. Please consider taking the time to complete and return the evaluation form at the end of this book.

Most importantly... when choosing a health care provider, THCIC encourages you take the time to review quality-based information and "Choose Well".

1. 42 USC Sec.300e1
2. Chapter 20A.01, Texas Insurance Code
3. Allan Baumgarten (2000). Texas Managed Care Review 1999 finds*: Hospitals post strong profit; HMO enrollment is flat but losses are high*. June 19, p14.

Health Plan Employer Data and Information Set (HEDIS®)

The Health Plan Employer Data and Information Set (HEDIS®) consists of standardized performance measures designed for comparing the quality of care of managed care organizations. HEDIS® is developed and maintained under the leadership of the National Committee for Quality Assurance (NCQA), a private non-profit organization committed to assessing, reporting on, and improving the quality of care provided by organized health care delivery systems[4]. NCQA convenes national health care experts to guide the selection and development of HEDIS measures using three primary criteria: relevance, scientific soundness, and feasibility[5]. The performance measures reflect many significant U.S. public health issues such as cancer, heart disease, smoking, diabetes, and the care of pregnant women and children. HEDIS® also includes customer satisfaction data captured using the Consumer Assessment of Health Plan Satisfaction (CAHPS®) survey instrument developed in conjunction with the federal Agency for Healthcare Research and Quality. This ensures that the experience of a plan's members are counted in the quality equation.

In 1995, NCQA identified the need to create a standardized audit that would ensure the credibility of HEDIS® results for public reporting. NCQA's HEDIS® Compliance Audit includes an overall information systems capabilities assessment and an evaluation of the HMO's compliance with HEDIS® specifications[6]. NCQA and THCIC require that HEDIS® measures reported by HMOs be audited.

Beginning with HEDIS® 2001, NCQA implemented a rotation schedule for certain HEDIS® measures that change little from year to year. Essentially, this data collection strategy allows HMOs to report previous year results in lieu of calculating performance for the current year, thus allowing NCQA to release newly developed HEDIS® measures. Data year is provided for measures for which rotation was allowed.

4. Health Plan Employer Data and Information Set (HEDIS®) 2001 Narrative: *What's in It and Why It Matters*, 2001(1), 9.
5. HEDIS® 2001 Narrative: *What's in It and Why It Matters*, 2001(1), 21.
6. HEDIS® 2001 Narrative: *What's in It and Why It Matters*, 2001(1), 22.

Texas' Subset of HEDIS®

THCIC has elected to collect a subset of HEDIS® in Texas, rather than the entire set of 51 measures developed by NCQA. The process for determining Texas' annual subset of HEDIS® begins the year before at the level of the Council's HMO Technical Advisory Committee (TAC). The HMO TAC has adopted the following principles to guide their recommendations:

- Advice is in direct relation to the types of plans and products currently available in the Texas marketplace.
- Measures collected must be translatable into meaningful information to THCIC constituents.
- There must be reason to believe that there is sufficient encounter information to make the analysis valuable. If a majority of plans cannot report a specific measure due to a low number of members qualifying for the measure, then that measure should not be required to be reported to THCIC.
- Minimize duplication in reporting to other state agencies.
- THCIC reporting requirements and technical specifications will be consistent with those of NCQA.

After the HMO TAC develops recommendations for Texas' subset of HEDIS®, the list is reviewed by the Health Plan Data Committee of the THCIC prior to final approval at a meeting of the full Council. The list of Texas HEDIS® 2001 measures is found on page 157 of the Technical Appendix. Texas' choice of HEDIS® measures that will be reported next year (Texas HEDIS® 2002) is posted on the Council's web site at *www.thcic.state.tx.us/Reporting Requirements*.

Making Use of *Straight Talk*

In many ways, the art and science of educating consumers to shop wisely for health care providers is still new. Choosing the right health care provider is made more challenging by the complexity of the U.S. health care system, the jargon used in the health care industry, and the numerous types of health insurance coverage available to consumers and purchasers. Texas, like many other states, has made a commitment to offering more objective information to consumers and purchasers of health care, beginning with the collection and public reporting of HEDIS® data on quality of care delivered by Texas HMOs.

In using this report, THCIC encourages health plan purchasers and consumers to think about the relevance each HEDIS® measure has to their own needs. For instance, the fact that one HMO performs well at childhood immunization may be more important to a family with young children than to one without. Likewise, a middle-aged couple might prefer a plan that hires providers who routinely screen for diseases for which their age makes them a higher risk.

Straight Talk begins with Summary Tables that depict whether a plan's performance is significantly higher (⇑), lower (⇓) or equal (⇔) to the state average. Calculations for this table are provided in the Methods and Statistical Issues section of the Technical Appendix on page 153.

The body of the report consists of five sections, referred to as: "Domains of Care". In the same way that HEDIS® measures undergo constant review and have evolved over time, techniques for communicating the importance and the results of HEDIS® measures have also been changing. For purposes of this report, THCIC has opted to publish performance results according to how they were organized for data collection: Domains of Care. The measures included in each domain cover the scope of health care across all age groups. The title of each domain characterizes which aspect of health care quality is covered in that domain. Texas' Subset of HEDIS® 2001 contains five of NCQA's eight domains of care:

- Effectiveness of Care,
- Satisfaction with the Experience of Care,
- Health Plan Stability,
- Use of Services, and
- Health Plan Descriptive Information.

Each domain section begins with a general introduction followed by a page of text and a page(s) of bar charts that graphically display the performance of each measure in the domain for all HMOs. The narrative provides detail on what data points were included in the measure, explains its public health importance, and provides two additional points of reference for comparing a given plan's performance: the statewide average of all plan's performances, and the nationwide average of 270 health plans participating in NCQA's Quality Compass® project.[7] Measures of particular importance to the health of the nation are signified by the inclusion of the Healthy People 2010 objective[8]. The bar charts

depicting individual Texas HMO performance are presented in alphabetical order including the service area, which is usually the city from which the plan is administered.

The last section of Straight Talk consists of a Technical Appendix. This appendix provides detailed information on the calculation of the rates and the tests of statistical significance, and provides additional characteristics about the HMOs not provided elsewhere in the report. Readers wishing to have a greater understanding of HEDIS® data collection and auditing methodology are directed to NCQA's Technical Specifications for HEDIS® 2001.

7. The ***NCQA Quality Compass® Averages*** are based on the accumulated HEDIS® reports submitted to NCQA in a reporting year.
8. *Healthy People 2010: National Health Promotion and Prevention Objectives, June 2001,* U.S. Public Health Service, U.S. Department of Health and Human Services, USDHHS Publication PHS 9150212, Washington, D.C.

Summary Tables

The summary tables on the following pages reflect the results of statistical tests comparing each plan's rate to the state average of all plans in Texas. The table uses the following symbols:

⇑ : Plan performed better than the Texas average
⇔ : Plan performance equivalent to the Texas average
⇓ : Plan performed lower than the Texas average

Results of the comparisons provided in the tables in this section should be interpreted carefully. Tests of statistical significance account only for random or chance variations in measurements. The size of the denominator (sample size) on which the HMO reports its rates, influences the confidence interval. A large denominator provides more power to the test and demonstrates a more precise estimation of true population rate. For example, on a certain measure, if two plans have equally higher rates than the state average, the plan with higher sample size may get an "above average" designation, where as the plan with lower sample size may be termed as "equal to state average".

HEDIS® does not adjust for differences in plan population characteristics such as age or health status. For some HEDIS® measures this lack of risk adjustment could lead readers to mistakenly believe that superior or inferior plan performance is due to quality of care when, in fact, it may be due to case mix differences in the member populations of the plans.

Not all HEDIS® measures lend themselves to this statistical test. Results are shown for all the measures in Effectiveness of Care Domain, the Provider Turnover Measure in the Health Plan Stability Domain, the Board Certification Measures in the Health Plan Descriptive Domain, the Well Child Visits in the First 15 Months and 3rd, 4th, 5th and 6th years of life and Cesarean Section rates in the Use of Services Domain. For a more detailed description of the statistical test used please see the Technical Appendix (page 153-)

NR - Plan failed to submit the required data or data not certified by NCQA licensed auditor.
NA –The plan did not have a large enough sample to report a valid rate.
FTC - Failed to comply with reporting requirements.

Effectiveness of Care: Summary Table

Plan Name	Childhood Immunization: DTP	Childhood Immunization: OPV	Childhood Immunization: MMR	Childhood Immunization: HIB	Childhood Immunization: Hepatitis B	Childhood Immunization: VZV	Childhood Immunization: Combination 1	Childhood Immunization: Combination 2	Adolescent Immunization: MMR	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Controlling High BP	Chol. Mgm. after Acute Cardiovascular Events
Aetna U.S. Healthcare (Houston)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇓	⇑	⇔
Aetna U.S. Healthcare (San Antonio)	⇔	⇔	⇔	⇔	⇑	⇔	⇑	⇑	⇑	⇔	⇑	⇔	⇑	NA
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇔	⇑	⇑	⇓	⇑	⇑
AmCare (Statewide)	NR	NR	NR	NR	NR	NR	NR	NR	NR	⇓	⇓	⇔	NR	NA
Amil International (Austin)	⇔	⇔	⇓	⇔	⇔	⇔	⇔	⇔	⇓	NR	⇓	⇓	⇓	NA
CIGNA HealthCare of Texas (Dallas)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑
CIGNA HealthCare of Texas (Houston)	⇔	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇑
Community First Health Plans (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇓	⇔	NA
Family Healthcare Centers (Galveston)	⇓	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	NA	NA	⇓	⇔	NA
Health Plan of Texas (Tyler)	⇔	⇑	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇑	⇑	⇔	⇔	NA
HMO Blue Texas (Austin)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇓	⇔	⇔	⇓	⇔	NA
HMO Blue Texas (Beaumont/Lufkin)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇓	⇓	⇓	⇔	NA
HMO Blue Texas (Corpus Christi)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇓	⇓	⇓	⇑	NA
HMO Blue Texas (Dallas)	⇑	⇑	⇑	⇑	⇔	⇔	⇑	⇔	⇔	⇑	⇑	⇓	⇔	⇓
HMO Blue Texas (Houston)	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇔	⇓	⇔	⇔	⇓	⇔	⇓
HMO Blue Texas (San Antonio)	⇓	⇓	⇓	⇓	⇓	⇔	⇓	⇓	⇓	⇓	⇓	⇓	⇔	NA
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇑	⇑	⇑	⇑	⇔
HMO Blue, El Paso (El Paso)	⇑	⇑	⇔	⇑	⇑	⇔	⇔	⇑	⇔	⇓	⇔	⇔	⇑	NA
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	⇔	⇓	⇔	⇓	⇔	⇓	⇔	⇔	⇔	⇔	⇔	⇑	⇔	⇔
HMO Blue, Southeast TX (Houston)	⇔	⇓	⇔	⇓	⇔	⇓	⇔	⇔	⇓	⇔	⇔	⇑	⇔	⇔
HMO Blue, Southwest TX (Abilene/San Angelo)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇑	⇑	⇔	⇓	⇔
HMO Blue, Southwest TX (Midland)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇔	⇑	⇔	⇓	NA
HMO Blue, West Texas (Panhandle)	⇓	⇓	⇓	⇓	⇓	⇓	⇔	⇔	⇓	⇑	⇔	⇔	⇑	⇔
Humana Health Plan of Texas (Austin)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇔	⇔	⇔
Humana Health Plan of Texas (Corpus Christi)	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇔	⇑	⇑	⇔	⇓	⇑	NR
Humana Health Plan of Texas (Dallas)	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇔	NR	⇓
Humana Health Plan of Texas (Houston)	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇔	⇔	NA

Effectiveness of Care: Summary Table (continue

Plan Name	Childhood Immunization: DTP	Childhood Immunization: OPV	Childhood Immunization: MMR	Childhood Immunization: HIB	Childhood Immunization: Hepatitis B	Childhood Immunization VZV	Childhood Immunization: Combination 1	Childhood Immunization: Combination 2	Adolescent Immunization: MMR	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Controlling High BP	Chol. Mgm. after Acute Cardiovascular Events
Humana Health Plan of Texas (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇔	⇓	⇑	⇔
Mercy Health Plan of Missouri (Laredo)	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇔	⇓	⇔	⇔	NA
MethodistCare (Southeast TX)	⇔	⇑	⇓	⇔	⇔	⇓	⇔	⇔	⇔	⇔	⇑	⇔	⇔	NA
One Health Plan of Texas (Austin)	⇓	⇓	⇔	⇓	⇓	⇔	⇓	⇔	⇓	⇓	⇔	⇑	⇓	NA
One Health Plan of Texas (Dallas)	⇑	⇑	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇓	⇔	⇑	⇓	NA
One Health Plan of Texas (Houston)	⇓	⇓	⇓	⇓	⇓	⇔	⇔	⇔	⇓	⇓	⇔	⇑	⇓	NA
PacifiCare of Texas (Dallas)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇓	⇑	⇓	⇓	⇓	⇔
PacifiCare of Texas (Houston)	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	NA
PacifiCare of Texas (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇔	⇑	⇔	⇓	⇓	⇓	⇔
Parkland Community Health Plan (Northeast TX)	⇓	⇓	⇓	⇓	⇓	⇔	⇓	⇓	⇓	⇔	⇔	⇔	⇑	NA
Prudential HealthCare (Austin)	⇑	⇔	⇔	⇑	⇓	⇔	⇔	⇓	⇑	⇓	⇑	⇑	⇑	⇔
Prudential HealthCare (Corpus Christi)	⇑	⇑	⇔	⇑	⇑	⇔	⇑	⇑	⇔	⇔	⇑	⇑	⇔	NA
Prudential HealthCare (El Paso)	⇔	⇔	⇓	⇔	⇓	⇓	⇓	⇓	⇔	⇓	⇔	⇑	⇑	NA
Prudential HealthCare (Houston)	⇔	⇔	⇑	⇔	⇔	⇔	⇓	⇓	⇔	⇔	⇑	⇑	⇑	⇔
Prudential HealthCare (North Texas)	⇑	⇑	⇑	⇑	⇔	⇔	⇑	⇔	⇑	⇑	⇑	⇑	⇔	⇔
Prudential HealthCare (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇑	⇑	⇓	⇑	⇔	⇔
Scott and White Health Plan (Central TX)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇓	⇑	⇑
Seton Health Plan (Central Texas)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Southwest Health Alliances FIRSTCARE (Abilene)	⇑	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇑	⇔	⇑	⇑	⇑	⇔
Southwest Health Alliances FIRSTCARE (Amarillo)	⇑	⇑	⇑	⇑	⇓	⇓	⇔	⇓	⇑	⇑	⇔	⇔	⇑	⇔
Southwest Health Alliances FIRSTCARE (Lubbock)	⇑	⇑	⇔	⇑	⇔	⇔	⇔	⇔	⇔	⇑	⇔	⇔	⇑	⇔
Southwest Health Alliances FIRSTCARE (Waco)	⇑	⇑	⇑	⇓	⇔	⇔	⇓	⇓	⇑	⇔	⇑	⇓	⇔	⇑
Texas Health Choice (Dallas)	⇑	⇑	⇔	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇑	⇓
United HealthCare of Texas (Austin/San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇔	⇔
United HealthCare of Texas (Houston/Corpus Christi)	⇓	⇓	⇑	⇔	⇓	⇔	⇓	⇓	⇓	⇑	⇑	⇑	⇓	⇔
United Healthcare of Texas (Dallas)	⇓	⇓	⇔	⇔	⇓	⇔	⇔	⇔	⇓	⇔	⇑	⇑	⇓	⇔
Valley Baptist Health Plan (Harlingen)	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	NA	⇑	⇑	NA

Effectiveness of Care: Summary Table (continued)

Plan Name	Diabetic Care: HbA1c Testing	Diabetic Care: Poor HbA1C control	Diabetic Care: Eye Exams	Diabetic Care: LDL-C Screening	Diabetic Care: LDL-C Level	Diabetic Care: Diabetic Nephropathy	Use of Medications for People with Asthma	Mental Illness Followup w/in 7 Days	Mental Illness Followup w/in 30 Days	Antidepressant Med. Mgmt. contacts	Antidepressant Med. Mgmt. Acute Phase	Antidepressant Med. Mgmt. Continuation Phase	Prenatal Care- Timeliness	Postpartum Care
Aetna U.S. Healthcare (Houston)	⇑	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇑	⇑	⇔	⇔	⇑	⇑
Aetna U.S. Healthcare (San Antonio)	⇔	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇔	⇑	⇔	⇔	⇑	⇑
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	⇑	⇑	⇔	⇑	⇑	⇓	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇑
AmCare (Statewide)	⇓	NR	⇓	⇓	NR	⇓	NR	NA	NA	NR	NR	NR	NR	NR
Amil International (Austin)	⇓	⇔	⇓	⇓	⇓	⇓	NA	NA	NA	NA	NA	NA	NR	NR
CIGNA HealthCare of Texas (Dallas)	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇔	⇓	⇔	⇔	⇑	⇑
CIGNA HealthCare of Texas (Houston)	⇑	⇑	⇔	⇑	⇑	⇔	⇔	⇑	⇔	⇓	⇔	⇔	⇑	⇑
Community First Health Plans (San Antonio)	⇔	⇔	⇑	⇔	⇑	⇔	⇑	⇓	⇔	⇔	⇔	⇔	⇑	⇔
Family Healthcare Centers (Galveston)	⇔	⇔	⇑	⇓	⇔	⇔	NA	⇔	⇔	NA	NA	NA	⇔	⇔
Health Plan of Texas (Tyler)	⇔	⇔	⇑	⇓	⇔	⇑	⇔	NA	NA	⇓	⇔	⇓	⇑	⇔
HMO Blue Texas (Austin)	⇓	⇓	⇔	⇓	⇓	⇔	⇔	⇓	⇓	⇓	⇔	⇔	⇓	⇓
HMO Blue Texas (Beaumont/Lufkin)	⇓	⇓	⇓	⇔	⇓	⇓	⇔	NA	NA	NA	NA	NA	⇓	⇓
HMO Blue Texas (Corpus Christi)	⇔	⇑	⇔	⇔	⇔	⇔	⇔	⇔	⇔	NA	NA	NA	⇑	⇑
HMO Blue Texas (Dallas)	⇔	⇑	⇑	⇔	⇑	⇓	⇔	⇔	⇔	⇓	⇔	⇔	⇓	⇔
HMO Blue Texas (Houston)	⇔	⇓	⇔	⇔	⇓	⇑	⇔	⇔	⇑	⇓	⇔	⇔	⇓	⇓
HMO Blue Texas (San Antonio)	⇓	⇓	⇔	⇓	⇓	⇔	⇔	NA	NA	NA	NA	NA	⇓	⇓
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	⇑	⇔	⇑	⇑	⇔	⇔	⇑	⇑	⇔	⇔	⇔	⇔	⇓	⇔
HMO Blue, El Paso (El Paso)	⇓	⇓	⇑	⇓	⇓	⇓	⇑	NA	NA	⇑	⇓	⇓	⇔	⇑
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	⇔	⇓	⇑	⇔	⇓	⇔	⇑	⇓	⇓	⇓	⇔	⇔	⇓	⇔
HMO Blue, Southeast TX (Houston)	⇔	⇓	⇔	⇔	⇓	⇔	⇑	⇔	⇔	⇔	⇓	⇔	⇓	⇔
HMO Blue, Southwest TX (Abilene/San Angelo)	⇔	⇔	⇔	⇓	⇓	⇔	⇑	⇓	⇓	⇓	⇔	⇔	⇓	⇓
HMO Blue, Southwest TX (Midland)	⇔	⇓	⇓	⇔	⇓	⇓	⇑	NA	NA	⇓	⇔	⇔	⇓	⇔
HMO Blue, West Texas (Panhandle)	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇔	⇔	⇔	⇔	⇔	⇑	⇑
Humana Health Plan of Texas (Austin)	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇔	⇑	⇔	⇑	⇑
Humana Health Plan of Texas (Corpus Christi)	⇔	⇑	⇑	⇔	⇑	⇑	⇓	NA	NA	⇔	⇔	⇓	⇔	⇓
Humana Health Plan of Texas (Dallas)	⇓	⇓	⇓	⇓	⇓	⇓	⇔	NA	NA	⇔	⇑	⇔	⇓	⇓
Humana Health Plan of Texas (Houston)	⇔	⇔	⇓	⇔	⇔	⇓	⇓	NA	NA	NA	NA	NA	NR	NR

Effectiveness of Care: Summary Table (continued)

Plan Name	Diabetic Care: HbA1c Testing	Diabetic Care: Poor HbA1C control	Diabetic Care: Eye Exams	Diabetic Care: LDL-C Screening	Diabetic Care: LDL-C Level	Diabetic Care: Diabetic Nephropathy	Use of Medications for People with Asthma	Mental Illness Followup w/in 7 Days	Mental Illness Followup w/in 30 Days	Antidepressant Med. Mgmt. contacts	Antidepressant Med. Mgmt. Acute Phase	Antidepressant Med. Mgmt. Continuation Phase	Prenatal Care- Timeliness	Postpartum Care
Humana Health Plan of Texas (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇓	NA	NA	⇓	⇔	⇓	⇑	⇑
Mercy Health Plan of Missouri (Laredo)	⇓	⇓	⇔	⇔	⇔	⇔	⇓	NA	NA	NA	NA	NA	⇓	⇓
MethodistCare (Southeast TX)	⇓	⇓	⇓	⇓	⇓	⇓	⇔	NA	NA	⇔	⇑	⇑	⇓	⇔
One Health Plan of Texas (Austin)	⇓	⇓	⇓	⇓	⇓	⇓	NA	NA	NA	NA	NA	NA	⇓	⇓
One Health Plan of Texas (Dallas)	⇓	⇓	⇓	⇓	⇓	⇓	NA	NA	NA	NA	NA	NA	⇓	⇓
One Health Plan of Texas (Houston)	⇓	⇓	⇓	⇓	⇓	⇓	NA	NA	NA	NA	NA	NA	⇓	⇓
PacifiCare of Texas (Dallas)	⇔	⇔	⇔	⇔	⇔	⇓	⇔	⇑	⇑	⇔	⇔	⇔	⇓	⇓
PacifiCare of Texas (Houston)	⇔	⇔	⇓	⇔	⇔	⇔	⇔	⇔	⇔	NA	NA	NA	⇓	⇓
PacifiCare of Texas (San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇔	⇑	⇑	⇑	⇔	⇔	⇔	⇔
Parkland Community Health Plan (Northeast TX)	⇑	⇑	⇑	⇑	⇑	⇑	⇓	NA	NA	NA	NA	NA	⇔	⇔
Prudential HealthCare (Austin)	⇑	⇓	⇑	⇑	⇔	⇑	⇔	⇓	⇑	⇔	⇔	⇔	⇑	⇑
Prudential HealthCare (Corpus Christi)	⇑	⇑	⇔	⇑	⇑	⇔	⇓	⇔	⇓	⇔	⇔	⇔	⇑	⇑
Prudential HealthCare (El Paso)	⇔	⇓	⇔	⇔	⇔	⇔	⇓	NA	NA	⇔	⇔	⇔	⇑	⇔
Prudential HealthCare (Houston)	⇔	⇑	⇔	⇑	⇔	⇑	⇔	⇔	⇑	⇑	⇔	⇔	⇑	⇔
Prudential HealthCare (North Texas)	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇓	⇔	⇑	⇑	⇑	⇑	⇑
Prudential HealthCare (San Antonio)	⇑	⇔	⇑	⇑	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇑
Scott and White Health Plan (Central TX)	⇑	⇑	⇑	⇑	⇑	⇑	⇓	⇑	⇑	⇓	⇔	⇔	⇑	⇑
Seton Health Plan (Central Texas)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Southwest Health Alliances FIRSTCARE (Abilene)	⇔	⇑	⇑	⇔	⇑	⇔	⇓	NA	NA	⇔	⇑	⇑	⇔	⇑
Southwest Health Alliances FIRSTCARE (Amarillo)	⇑	⇑	⇔	⇑	⇑	⇓	⇔	⇓	⇔	⇔	⇔	⇔	⇑	⇑
Southwest Health Alliances FIRSTCARE (Lubbock)	⇑	⇑	⇔	⇑	⇑	⇑	⇓	NA	NA	⇔	⇔	⇔	⇑	⇑
Southwest Health Alliances FIRSTCARE (Waco)	⇔	⇑	⇔	⇔	⇔	⇔	⇓	NA	NA	⇔	⇔	⇔	⇑	⇑
Texas Health Choice (Dallas)	⇔	⇔	⇓	⇔	⇑	⇑	⇔	⇑	⇔	⇔	⇑	⇑	⇔	⇔
United HealthCare of Texas (Austin/San Antonio)	⇔	⇑	⇔	⇑	⇑	⇔	⇔	⇔	⇔	⇔	⇔	⇑	⇑	⇑
United HealthCare of Texas (Houston/Corpus Christi)	⇔	⇓	⇑	⇔	⇓	⇔	⇔	⇑	⇔	⇑	⇔	⇔	⇑	⇓
United Healthcare of Texas (Dallas)	⇔	⇔	⇔	⇑	⇔	⇔	⇔	⇑	⇔	⇑	⇔	⇑	⇑	⇑
Valley Baptist Health Plan (Harlingen)	⇔	⇑	⇑	⇔	⇔	⇑	⇔	NA	NA	NA	NA	NA	⇑	⇑

Use of Services and Health Plan Stability / Descriptive Information: Summary Table

Plan Name	Provider Turnover Rate for PCP	Well-Child visits First 15 Months	Well-Child visits 3rd-6th month	C-Section Rate	Board Cert PCP Pct.	Board Cert OB/GYN Specialist Pct.	Board Cert Pediatrics Spl. Pct.	Board Cert Other Specialists Pct.
Aetna U.S. Healthcare (Houston)	⇑	⇑	⇑	⇓	⇓	⇓	⇔	⇓
Aetna U.S. Healthcare (San Antonio)	⇔	⇔	⇑	⇔	⇔	⇔	⇔	⇓
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	⇑	⇑	⇑	⇔	⇔	⇔	⇑	⇓
AmCare (Statewide)	NR	⇓	⇓	⇔	NR	NR	NR	NR
Amil International (Austin)	⇑	⇔	⇓	⇑	⇔	⇔	⇑	⇓
CIGNA HealthCare of Texas (Dallas)	⇑	⇑	⇑	⇔	⇑	⇑	⇑	⇑
CIGNA HealthCare of Texas (Houston)	⇑	⇑	⇑	⇔	⇑	⇑	⇔	⇓
Community First Health Plans (San Antonio)	⇔	⇑	⇔	⇔	⇔	⇔	⇓	⇑
Family Healthcare Centers (Galveston)	⇑	⇑	⇑	NR	⇔	⇔	⇔	⇓
Health Plan of Texas (Tyler)	⇔	⇔	⇑	⇔	⇔	⇑	⇔	⇑
HMO Blue Texas (Austin)	⇓	⇓	⇓	⇑	⇑	⇑	⇑	⇑
HMO Blue Texas (Beaumont/Lufkin)	⇑	⇓	⇓	⇔	⇑	⇑	⇑	⇑
HMO Blue Texas (Corpus Christi)	⇔	⇓	⇓	⇔	⇑	⇔	⇔	⇑
HMO Blue Texas (Dallas)	⇓	⇑	⇑	⇔	⇔	⇔	⇑	⇑
HMO Blue Texas (Houston)	⇔	⇓	⇓	⇑	⇑	⇑	⇑	⇑
HMO Blue Texas (San Antonio)	⇓	⇓	⇓	⇑	⇑	⇑	⇑	⇑
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	⇑	⇓	⇔	⇔	⇔	⇔	⇓	⇔
HMO Blue, El Paso (El Paso)	⇔	⇓	⇔	⇓	⇔	⇓	⇓	⇓
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	⇔	⇓	⇔	⇔	⇔	⇑	⇔	⇔
HMO Blue, Southeast TX (Houston)	⇑	⇓	⇓	⇓	⇔	⇑	⇓	⇔
HMO Blue, Southwest TX (Abilene/San Angelo)	⇑	⇓	⇓	⇑	⇔	⇑	⇓	⇔
HMO Blue, Southwest TX (Midland)	⇓	⇓	⇓	⇑	⇔	⇑	⇔	⇑
HMO Blue, West Texas (Panhandle)	⇑	⇓	⇓	⇔	⇓	⇓	⇔	⇔
Humana Health Plan of Texas (Austin)	⇑	⇑	⇑	⇔	⇔	⇔	⇑	⇔
Humana Health Plan of Texas (Corpus Christi)	⇔	⇓	⇓	⇔	⇔	⇔	⇔	⇓
Humana Health Plan of Texas (Dallas)	⇓	⇔	⇑	⇔	⇔	⇔	⇔	⇔
Humana Health Plan of Texas (Houston)	⇓	⇓	⇓	⇔	⇓	⇔	⇓	⇓
Humana Health Plan of Texas (San Antonio)	⇓	⇓	⇔	⇔	⇔	⇔	⇔	⇓

Use of Services and Health Plan Stability / Descriptive Information: Summary Table (Continued)

Plan Name	Provider Turnover Rate for PCP	Well-Child visits First 15 Months	Well-Child visits 3rd-6th month	C-Section Rate	Board Cert PCP Pct.	Board Cert OB/GYN Specialist Pct.	Board Cert Pediatrics Spl. Pct.	Board Cert Other Specialists Pct.
Mercy Health Plan of Missouri (Laredo)	⇑	⇔	⇑	⇓	⇓	⇓	⇔	⇓
MethodistCare (Southeast TX)	⇔	⇑	⇑	⇔	⇔	⇓	⇔	⇔
One Health Plan of Texas (Austin)	NR	⇓	⇔	⇔	⇑	⇑	⇑	⇑
One Health Plan of Texas (Dallas)	NR	⇔	⇓	⇔	⇑	⇑	⇑	⇑
One Health Plan of Texas (Houston)	NR	⇓	⇓	⇔	⇑	⇔	⇑	⇑
PacifiCare of Texas (Dallas)	⇓	⇔	⇓	⇔	⇓	⇓	NR	⇓
PacifiCare of Texas (Houston)	⇓	NR	NR	⇔	⇓	⇔	⇔	⇔
PacifiCare of Texas (San Antonio)	⇓	⇓	⇓	⇔	⇓	⇔	⇔	⇔
Parkland Community Health Plan (Northeast TX)	⇔	⇑	⇑	⇔	⇔	⇑	⇑	⇔
Prudential HealthCare (Austin)	⇑	⇑	⇑	⇑	⇔	⇔	⇔	⇔
Prudential HealthCare (Corpus Christi)	⇑	⇓	⇓	⇓	⇔	⇔	⇑	⇓
Prudential HealthCare (El Paso)	⇑	⇔	⇑	⇓	⇔	⇔	⇑	⇓
Prudential HealthCare (Houston)	⇑	⇑	⇑	⇓	⇔	⇔	⇔	⇓
Prudential HealthCare (North Texas)	⇑	⇔	⇑	⇔	⇔	⇔	⇔	⇔
Prudential HealthCare (San Antonio)	⇑	⇑	⇑	⇔	⇔	⇔	⇔	⇔
Scott and White Health Plan (Central TX)	⇔	⇑	⇑	⇑	⇑	⇑	⇑	⇑
Seton Health Plan (Central Texas)	FTC	FTC	FTC	FTC	FTC	FTC	FTC	FTC
Southwest Health Alliances FIRSTCARE (Abilene)	⇓	⇓	⇓	⇔	⇑	⇔	NA	⇔
Southwest Health Alliances FIRSTCARE (Amarillo)	⇑	⇑	⇔	⇑	⇓	⇔	1	⇑
Southwest Health Alliances FIRSTCARE (Lubbock)	⇑	⇑	⇔	⇓	⇓	⇔	⇔	⇔
Southwest Health Alliances FIRSTCARE (Waco)	⇑	⇓	⇔	⇔	⇔	⇑	⇔	⇑
Texas Health Choice (Dallas)	⇓	⇑	⇔	⇑	⇔	⇔	⇑	⇔
United HealthCare of Texas (Austin/San Antonio)	⇑	⇑	⇑	⇑	⇑	⇑	⇓	⇑
United HealthCare of Texas (Houston/Corpus Christi)	⇑	⇑	⇑	⇓	⇔	⇓	⇓	⇓
United Healthcare of Texas (Dallas)	⇑	⇑	⇑	⇔	⇑	⇑	⇔	⇑
Valley Baptist Health Plan (Harlingen)	⇔	⇑	⇑	⇔	⇔	⇔	⇑	⇑

Effectiveness of Care

The HEDIS® **Effectiveness of Care Domain** measures a HMO's success in delivering services designed to prevent the occurrence of illness or to identify a medical condition in its earliest stages. By detecting an illness before it progresses, the patient has a better chance of an improved health outcome and health care costs can be significantly reduced. Effectiveness of Care measures show the percentage of plan's members indicated for a service who actually received the service. Differences in these measures may reflect the effort that individual HMOs make to encourage their members to seek routine preventive care.

This section presents Effectiveness of Care data for the following measures:

Childhood Immunization Status:
- Diphtheria, Tetanus, Pertussis (DPT/DTaP)
- Polio OPV/IPV (Oral Polio Vaccine/Inactivated Polio Vaccine)
- MMR (Measles Mumps and Rubella vaccine)
- HiB (Haemophilus influenzae Type B Vaccine)
- Hepatitis B
- VZV (Vericella Zoster Vaccine for chicken pox)
- Combination 1
- Combination 2

Adolescent Immunization Status: MMR
Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening in Women
Controlling High Blood Pressure
Cholesterol Management (LDL Screening)
Comprehensive Diabetes Care
- HbA1c (glycosylated hemoglobin) Testing
- Poor HbA1c Control
- Eye Examination for Diabetic Retinal Disease
- LDL-C Screening
- LDL-C Level
- Monitoring for Diabetic Nephropathy

Use of Appropriate Medications for People with Asthma
Follow-up after Hospitalization for Mental Illness- 7Days
Follow-up after Hospitalization for Mental Illness- 30 Days
Antidepressant Medication Management- Optimal Practitioner Contacts
Antidepressant Medication Management- Acute Phase Treatment
Antidepressant Medication Management- Continuation Phase Treatment
Advising Smokers to Quit

Childhood Immunization Status: Diphtheria, Tetanus, Pertussis (DTaP/DTP)

Definition: The percentage of children using the HMO who received at least four DTaP (diphtheria, tetanus, acellular pertussis) or DTP (diphtheria, tetanus, pertussis) vaccines by two years of age.

Diphtheria, a bacterial respiratory infection characterized by a sore throat, low-grade fever, and heart and nerve problems, is a communicable disease spread by coughing and sneezing. Although rare in the U.S., diphtheria is still a threat because it is commonly found in other countries around the world.

Tetanus is an acute, often fatal, disease caused by an exotoxin produced by *Clostridium tetani*. It is characterized by generalized rigidity and convulsive muscular spasms. The muscle stiffness usually involves the jaw (lockjaw) and neck and then becomes generalized. The disease spreads by contaminated wounds. Also it may follow elective surgery, burns, dental infection and ear infection. Unlike other vaccine preventable diseases, tetanus vaccine has shorter immunity and adolescents and adults should receive periodic boosters to maintain their immunity.

Pertussis, or whooping cough, is a highly contagious respiratory disease spread by coughing and sneezing. The disease is named for the severe spasms of coughing that often last minutes. Between coughing spells, the child may gasp for air with a characteristic "whooping" sound. If left unattended, pertussis may lead to hospitalization with pneumonia, seizures, encephalopathy (brain degeneration), vomiting, weight loss, breathing difficulties, and possibly death.

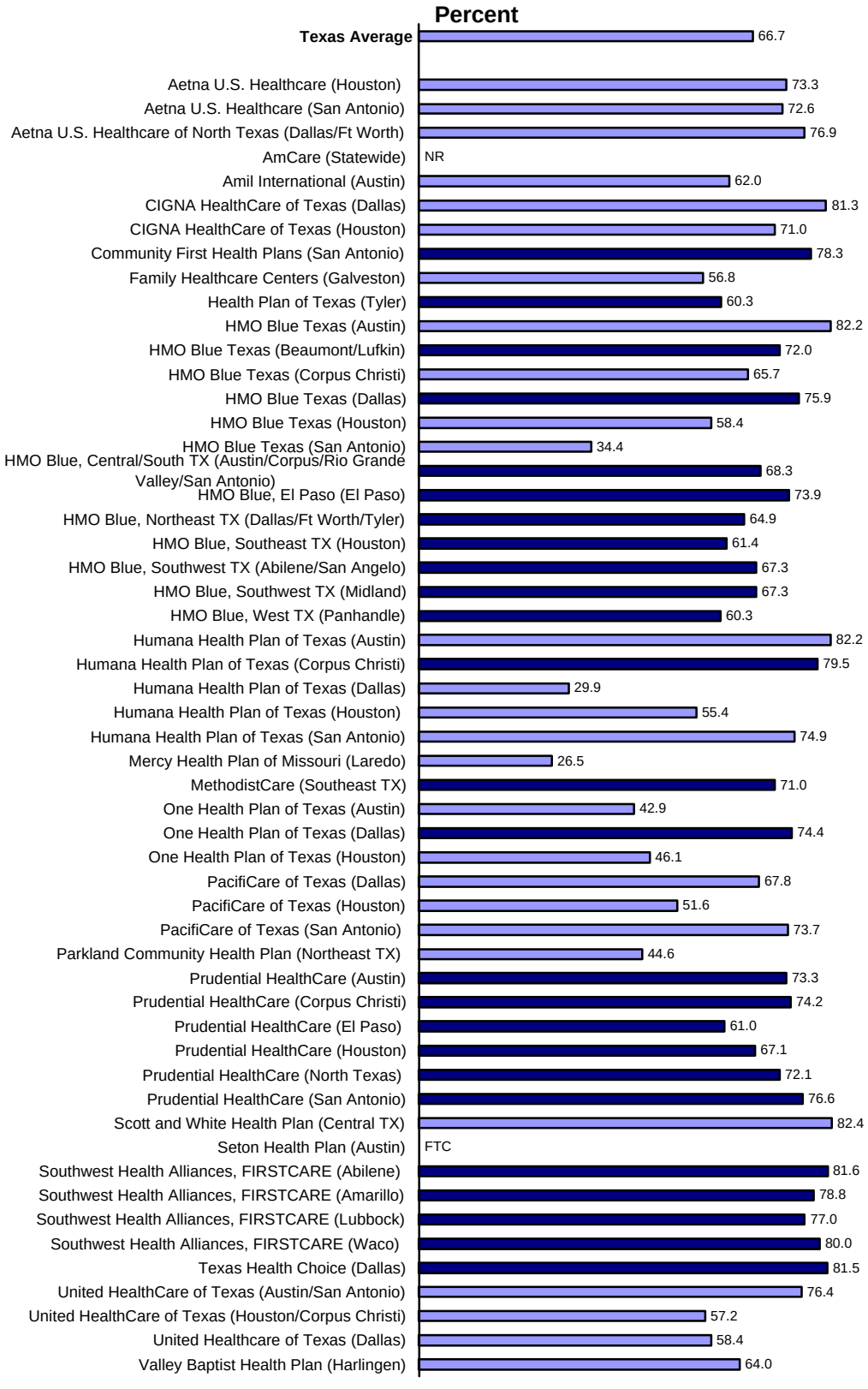
Four doses of DTaP vaccine are recommended to prevent illness from diphtheria, tetanus, and pertussis. The DTaP vaccine is preferred over the older DTP vaccine because it produces fewer side effects. Regardless of which vaccine series a child receives, most children will be protected from these diseases throughout childhood if immunized.

The bar chart on the next page shows the percentage of children using the HMO who received at least four DTaP/DTP vaccinations by the age of two years.

	1997	1998	1999	2000
Texas Average	61.5%	62.6%	63.0%	66.7%
Quality Compass®	*	*	78.8%	77.2%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
FTC: Failed to comply with reporting requirements

Childhood Immunization Status: DTaP/DTP



Childhood Immunization Status: Polio (IPV/OPV)

Definition: The percentage of children using the HMO who received at least three polio vaccinations (IPV or OPV) by two years of age.

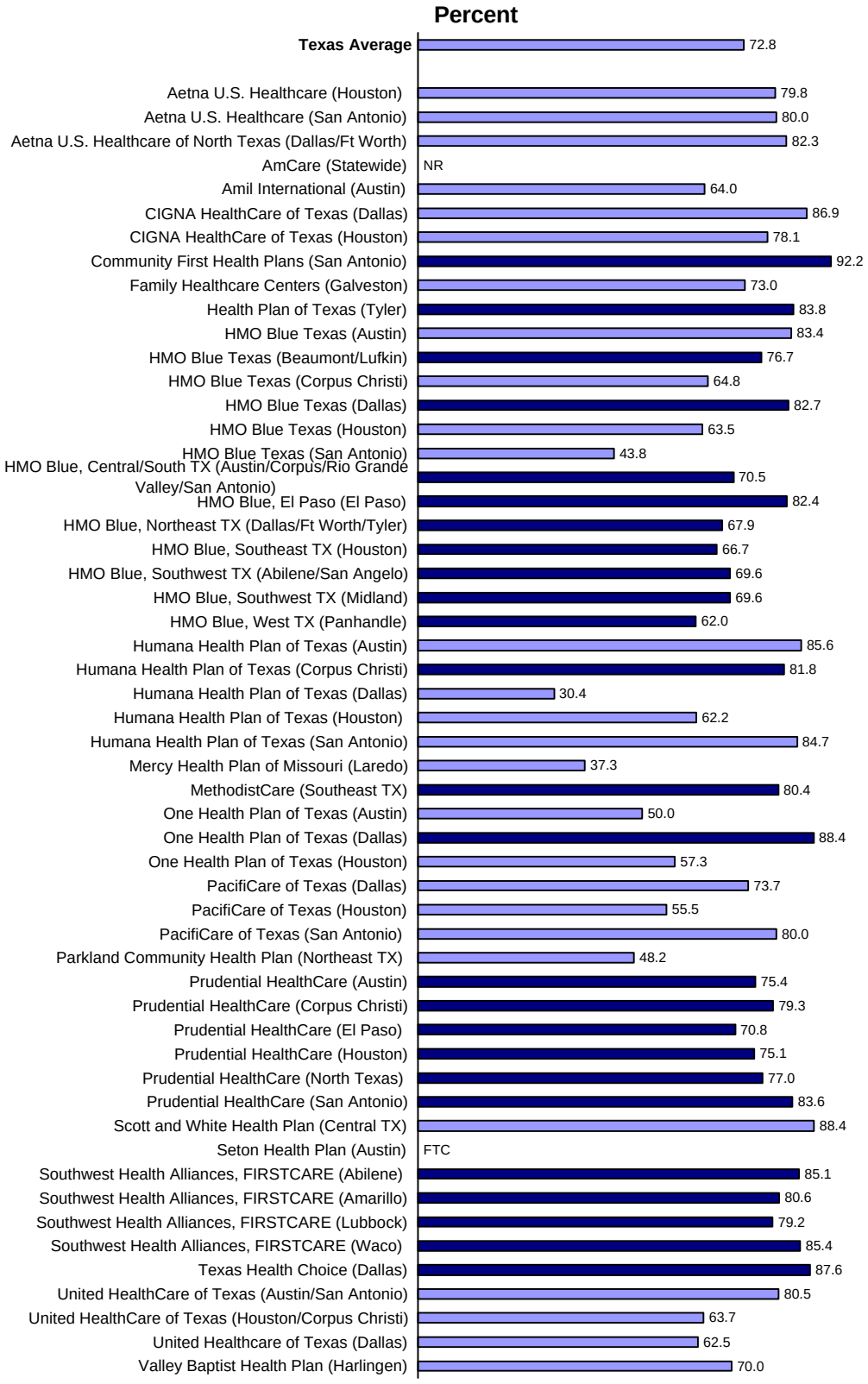
Polio is a viral disease with symptoms that include fever, sore throat, nausea, headaches, stiffness in the neck, back and legs, and paralysis. Polio, once common in the U.S., is easily prevented by vaccine. Although no wild polio has been reported in the United States for over 20 years, it remains important to vaccinate for this disease because polio is common in other countries. There are two kinds of polio vaccine: IPV and OPV. The inactivated polio vaccine (IPV) is a shot given in the leg or arm and is the preferred method of vaccination in the United States today. Until recently, the oral polio vaccine (OPV) was more commonly recommended for most children in the United States. Both vaccines give immunity to polio.

The bar chart on the next page shows the percentage of children using the HMO who received at least three polio (IPV or OPV) vaccinations by two years of age.

	1997	1998	1999	2000
Texas Average	70.6%	71.3%	69.2%	72.8%
Quality Compass®	*	*	82.7%	81.7%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
FTC: Failed to comply with reporting requirements

Childhood Immunization Status: Polio



Childhood Immunization Status: Measles, Mumps, Rubella (MMR)

Definition: The percentage of children using the HMO who received one dose of the measles, mumps, rubella (MMR) vaccine by two years of age.

Measles is a viral disease that causes rash, cough, runny nose, eye irritation, and fever. In severe cases, it can lead to ear infection, pneumonia, seizures, brain damage, and death.

Mumps is a viral disease that causes fever, headache, and swollen glands. It can lead to deafness, meningitis, and death.

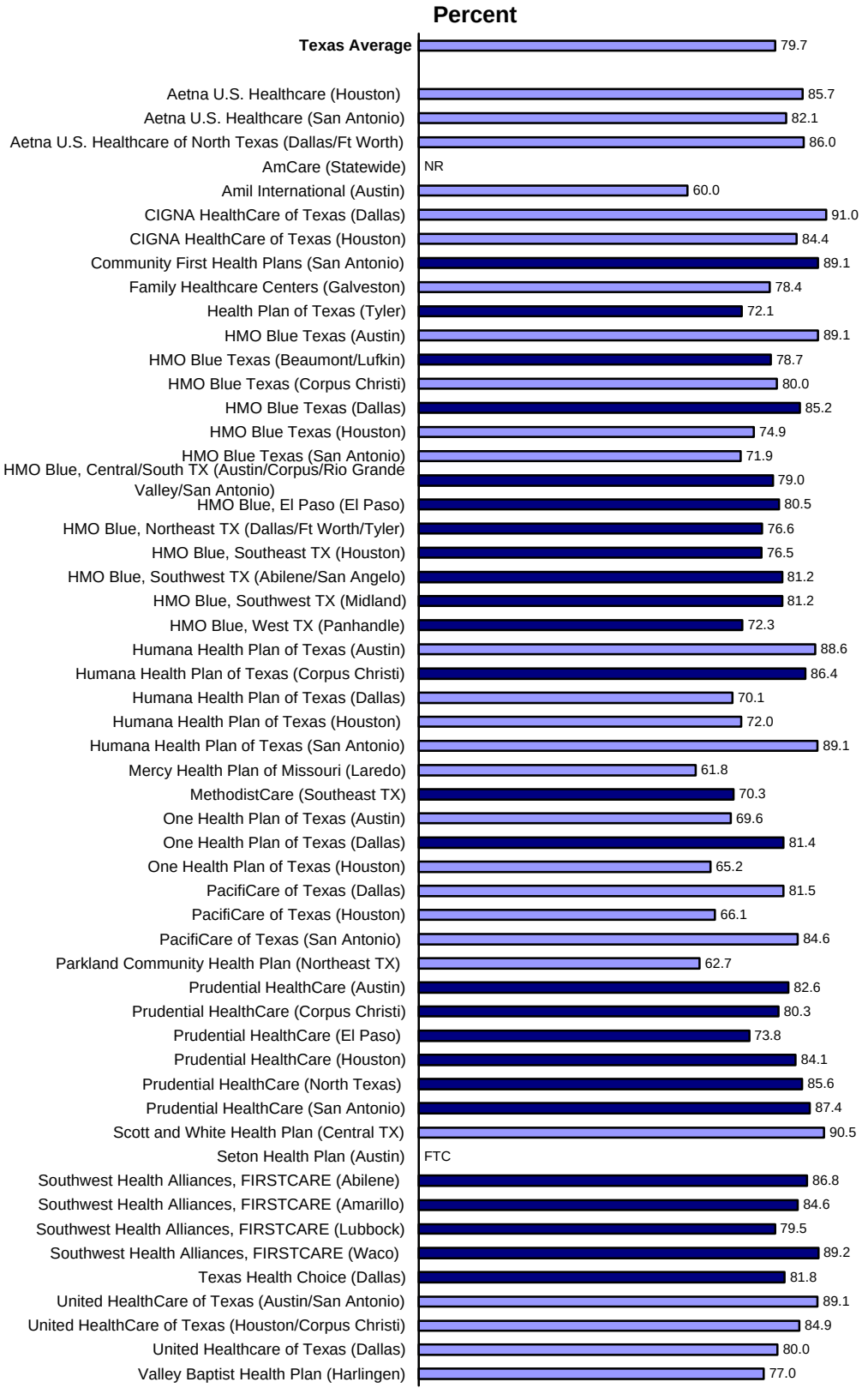
Rubella, or German measles, is a viral disease that causes rash, mild fever, and arthritis. Pregnant women who get rubella are at greater risk for miscarriage or have a baby born with serious birth defects.

The bar chart on the next page shows the percentage of children using the HMO who received one dose of the measles, mumps, rubella (MMR) vaccination (or a seropositive test result for MMR) by two years of age.

	1997	1998	1999	2000
Texas Average	75.6%	75.6%	76.6%	79.7%
Quality Compass®	*	*	87.1%	86.0%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
FTC: Failed to comply with reporting requirements

Childhood Immunization Status: MMR



Childhood Immunization Status: Haemophilus influenzae Type b (HiB)

Definition: The percentage of children using the HMO who received at least two *Haemophilus influenzae* type b vaccines by two years of age.

Before the HiB vaccine became available, *Haemophilus influenzae* type b (HiB) was the most common cause of bacterial meningitis in U.S. infants and children. About one in every 200 children under the age of five became infected by an invasive HiB disease. On average, 600 children died from HiB meningitis each year in the United States. The incidence of HiB has declined 98% since the widespread use of the vaccine starting in 1987[1]. Nationally, between 1994 and 1998, there were fewer than 10 fatal cases of invasive HiB reported each year[1].

Meningitis is infection of the membranes covering the brain and is the most common clinical manifestation of invasive HiB disease, accounting for 50%-65% of cases. Hallmarks of HiB meningitis are fever, decreased mental status, and stiff neck. The mortality rate is 2%-5%, despite appropriate antimicrobial therapy. Neurologic sequelae occur in 15%-30% of survivors.

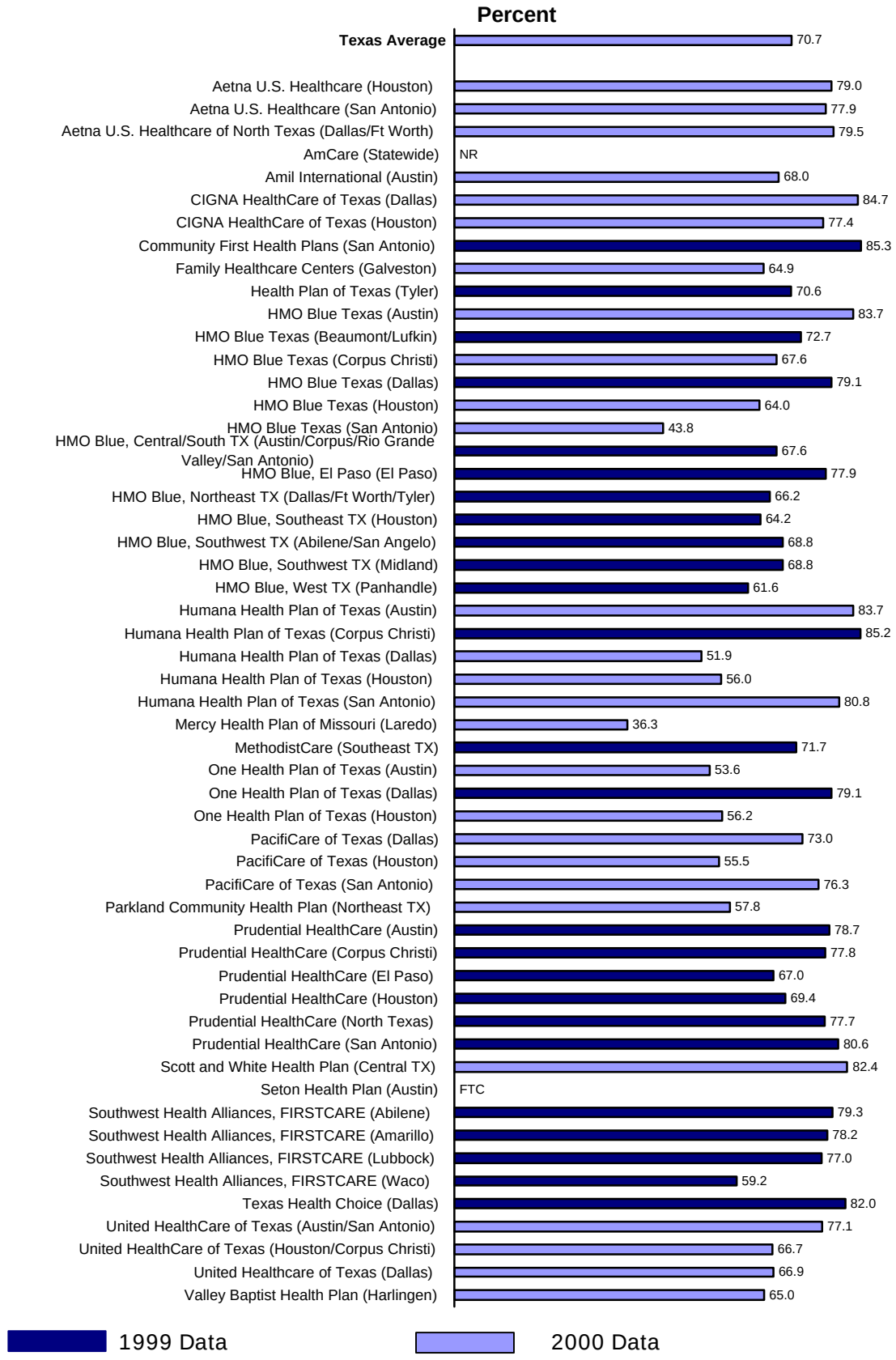
Other invasive diseases caused by *H. influenzae* type b are: Epiglottitis, Pneumonia, Arthritis and Cellulitis.

The bar chart on the next page shows the percentage of children using the HMO who received at least two HiB vaccinations by two years of age.

	1997	1998	1999	2000
Texas Average	64.9%	65.0%	67.0%	70.7%
Quality Compass®	*	*	80.7%	79.9%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
1. Centers for Disease Control and Prevention - National Immunization Program, "What would happen if we stopped vaccinations?" March 28, 2000.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
FTC: Failed to comply with reporting requirements

Childhood Immunization Status: *H influenzae* B



Childhood Immunization Status: Hepatitis B (Hep B)

Definition: The percentage of children using the HMO who received three hepatitis B vaccinations by two years of age.

Hepatitis B, a virus spread through contact with an infected person's body fluids. Signs and symptoms include jaundice (yellow coloration of skin and eye), fatigue, abdominal pain, loss of appetite, nausea, vomiting and joint pain. Though symptoms are less marked in children, they are more likely to developing chronic liver disease. About 90% of infected newborns and 50% of infected young children are at risk of developing chronic infection with a mortality rate of 15-25%[1]. Other complications of Hepatitis B infection include liver damage (cirrhosis) and liver cancer. Vaccination for hepatitis B by age two reduces or eliminates the risk of contracting the disease.

The bar chart on the next page shows the percentage of children using the HMO who received three hepatitis B vaccinations by the age of two.

	1997	1998	1999	2000
Texas Average	62.9%	58.2%	58.6%	62.8%
Quality Compass®	*	*	75.6%	75.0%

1 National Center for Infectious Diseases, Center for Disease Control and Prevention [www.cdc.gov].
* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
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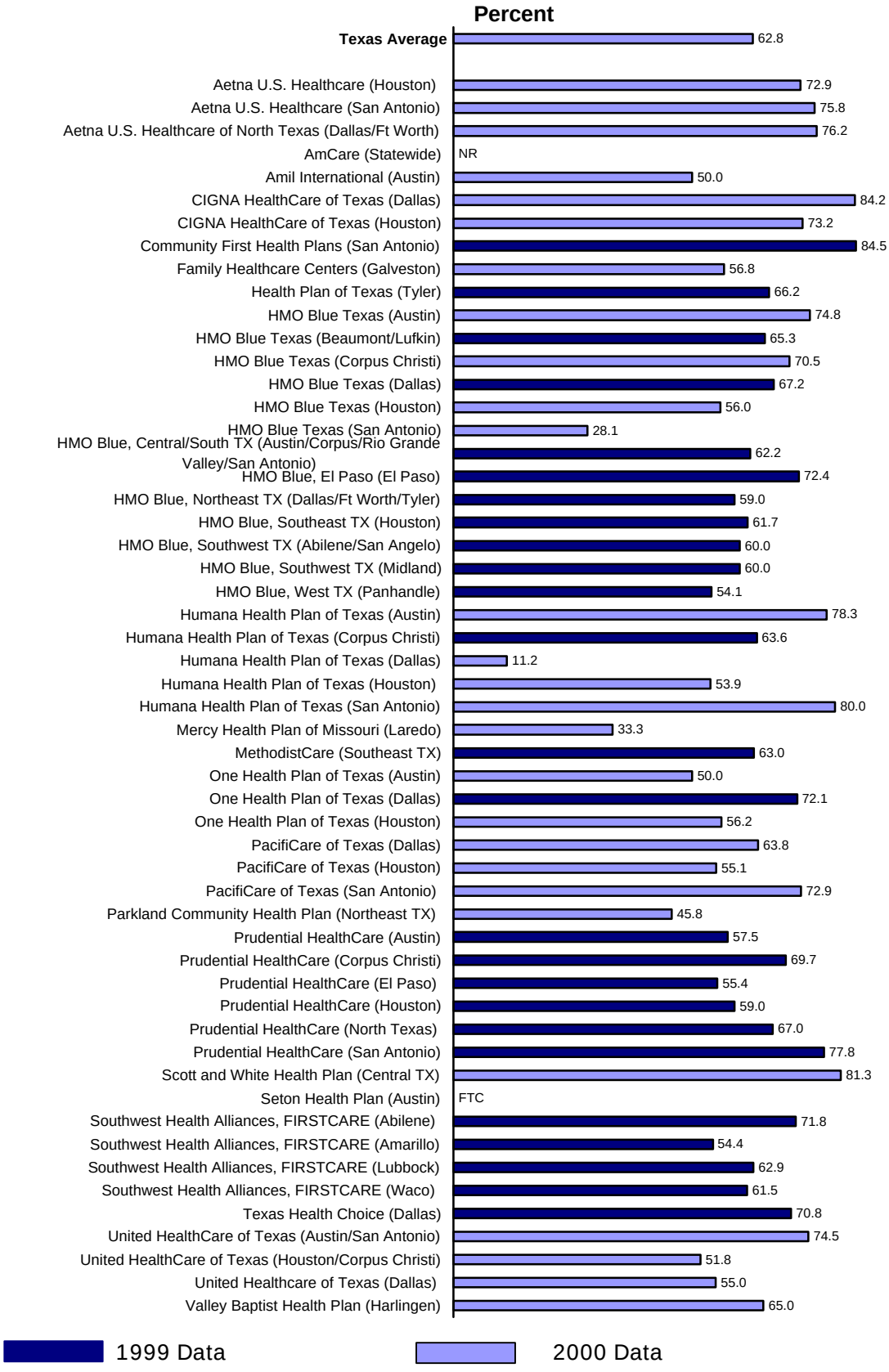
Childhood Immunization Status: Hepatitis B



Childhood Immunization Status: Varicella/Chicken Pox (VZV)

Definition: The percentage of children using the HMO who received at least one Varicella (VZV) vaccine by two years of age.

Varicella, or chicken pox, is caused by a highly contagious virus Varicella-Zoster (VZV). It spreads by coughing, sneezing, or contact with fluid from a chicken pox blister. Varicella is characterized by an itching rash, fatigue, and fever. Although most cases of chicken pox are mild, approximately 12,000 cases result in hospitalization and 100 cases result in death in the United States each year. The impact of Varicella is more serious among people 13 years of age and older. Among these individuals, chicken pox can lead to severe skin infections, scars, pneumonia, brain damage, or even death. Most people who receive the vaccine never get chicken pox. If a child does get Varicella after vaccination, the disease is usually very mild with few blisters, less likely to cause a fever, and the child tends to recover faster.

The bar chart on the next page shows the percentage of children using the HMO who received at least one Varicella vaccine by two years of age.

	1997	1998	1999	2000
Texas Average	38.3%	53.3%	62.8%	70.7%
Quality Compass®	40.1%	51.9%	63.9%	69.9%

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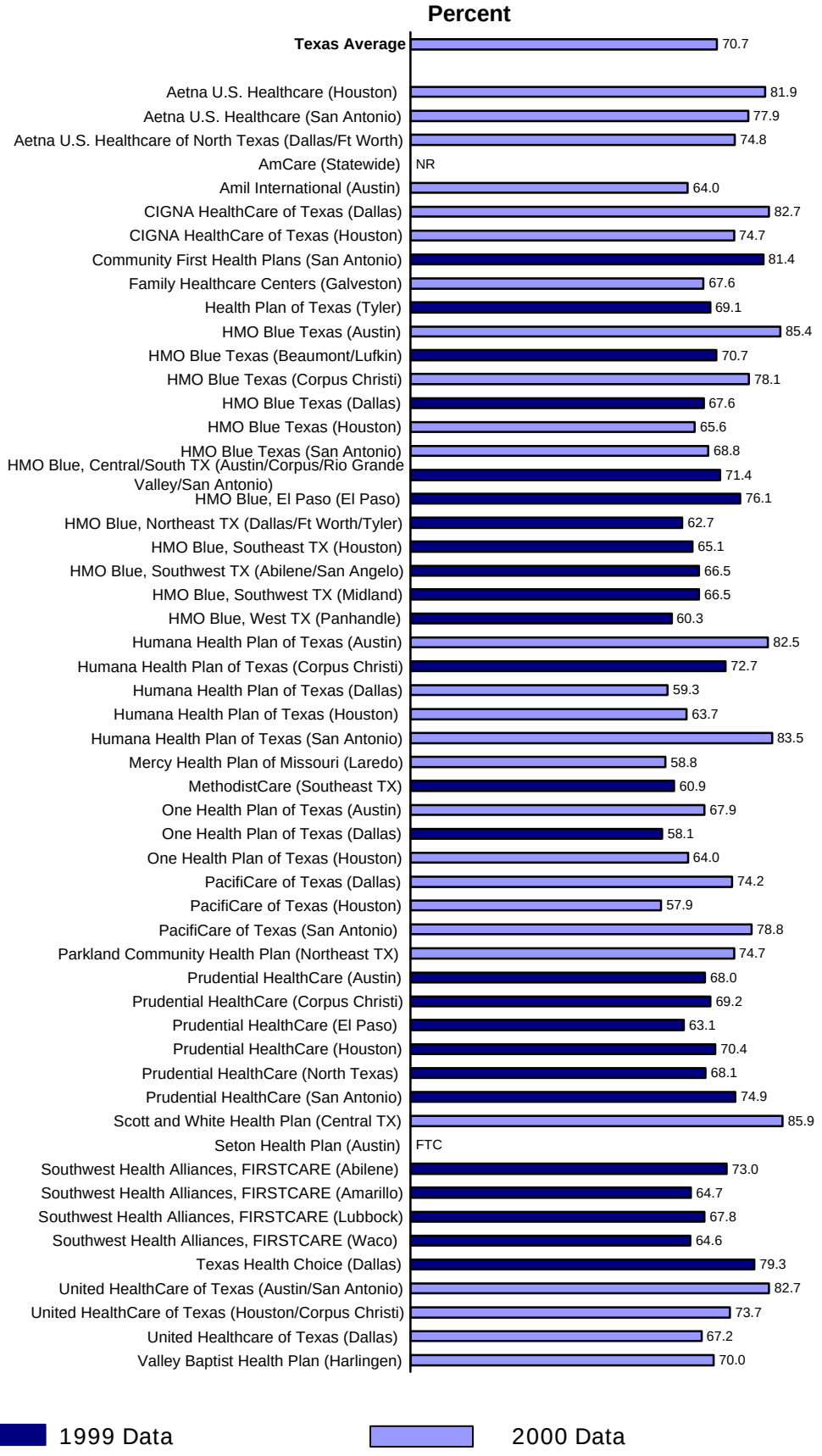
Childhood Immunization Status: Chicken Pox



Childhood Immunization Status: Combination 1

Definition: The percentage of children using the HMO who received all Combination 1 vaccinations [four diphtheria, tetanus, pertussis (DTaP or DTP), three polio (IPV or OPV), three hepatitis B (Hep B), one measles, mumps, rubella (MMR), and two Haemophilus influenzae type b (HiB)] by two years of age.

Childhood immunizations are a proven and easy way to help children stay healthy by avoiding childhood diseases such as mumps, measles, and more serious illnesses such as polio and whooping cough. Because infants and young children are highly susceptible to these dangerous illnesses, children should receive all recommended vaccinations before the age of two. Public health experts strive for high immunization rates with the ultimate goal to eradicate disease pathogens.

The bar chart on the next page shows the percentage of children using the HMO who received all Combination 1 vaccinations by the age of two.

	1997†	1998	1999	2000
Texas Average	45.0%	43.2%	45.2%	50.2%
Quality Compass®	63.8	61.0%	63.7%	63.7%

Healthy People 2010 Goal**: 80%

† Because HEDIS specifications for Childhood Immunizations have changed, the Combination 1 rate for 1999 is equivalent to the Combination 2 rates for 1998 and 1997.
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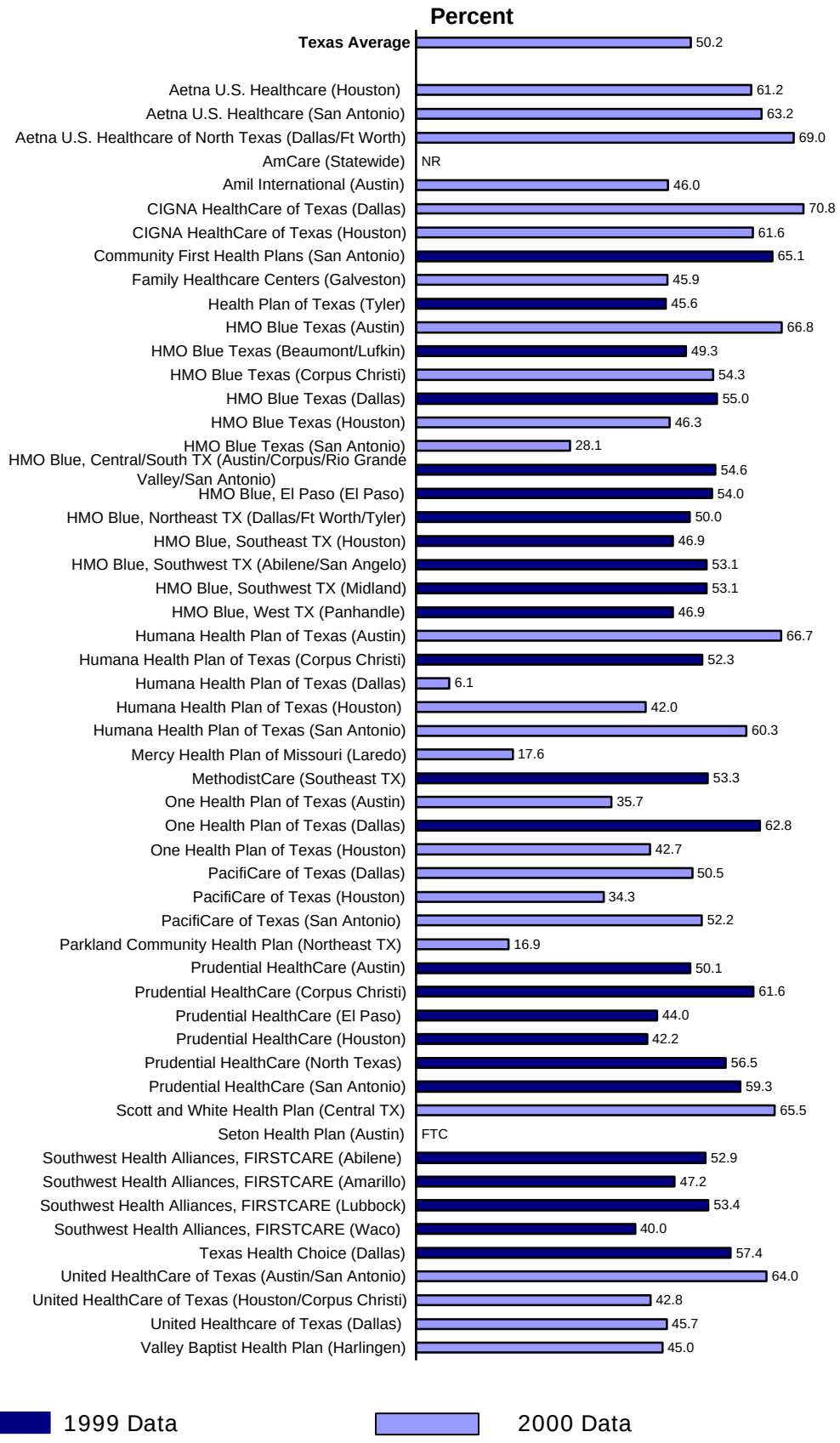
**Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.

Childhood Immunization Status: Combination 1



Childhood Immunization Status: Combination 2

Definition: The percentage of children using the HMO who received all Combination 2 vaccinations [four diphtheria, tetanus, pertussis (DTaP or DTP), three polio (IPV or OPV), three hepatitis B (Hep B), one measles, mumps, rubella (MMR), and two Haemophilus Influenzae type b (Hib), and one Varicella (VZV)] by two years of age.

The American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Family Physicians (AAFP) all recommend the following immunization schedule for children under two years of age:

Hepatitis B - 3 vaccines (one from birth to 2 months, one from 1 to 4 months, and one from 6 to 18 months)
Diphtheria, Tetanus, Pertussis - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 15 to 18 months)
Haemophilus Influenzae type b - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months)
Inactivated polio - 3 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months)
Pneumococcal conjugate - 4 vaccines (one at 2 months, one at 4 months, one at 6 months, and one from 12 to 15 months),
Measles, mumps, rubella - 1 vaccine (one from 12 to 15 months), and Varicella - 1 vaccine (one from 12 to 18 months).

With the exception of the pneumococcal conjugate vaccine and the number of HiB vaccinations, the Combination 2 measure most closely reflects the number of immunizations recommended for children under two years of age. In addition to all the vaccines in Combo 1, Combination 2 has one dose of chicken pox vaccine (VZC).

The bar chart on the next page shows the percentage of children using the HMO who received all Combination 2 vaccinations by two years of age.

	1997†	1998†	1999	2000
Texas Average	24.1%	31.2%	37.9%	44.6%
Quality Compass®	*	*	47.6%	51.7%

* Value not established or not obtained.
† Because HEDIS specification for Childhood Immunizations have changed, the Combination 2 rate for 1999 is equivalent to the Combination 3 rates for 1998 and 1997.
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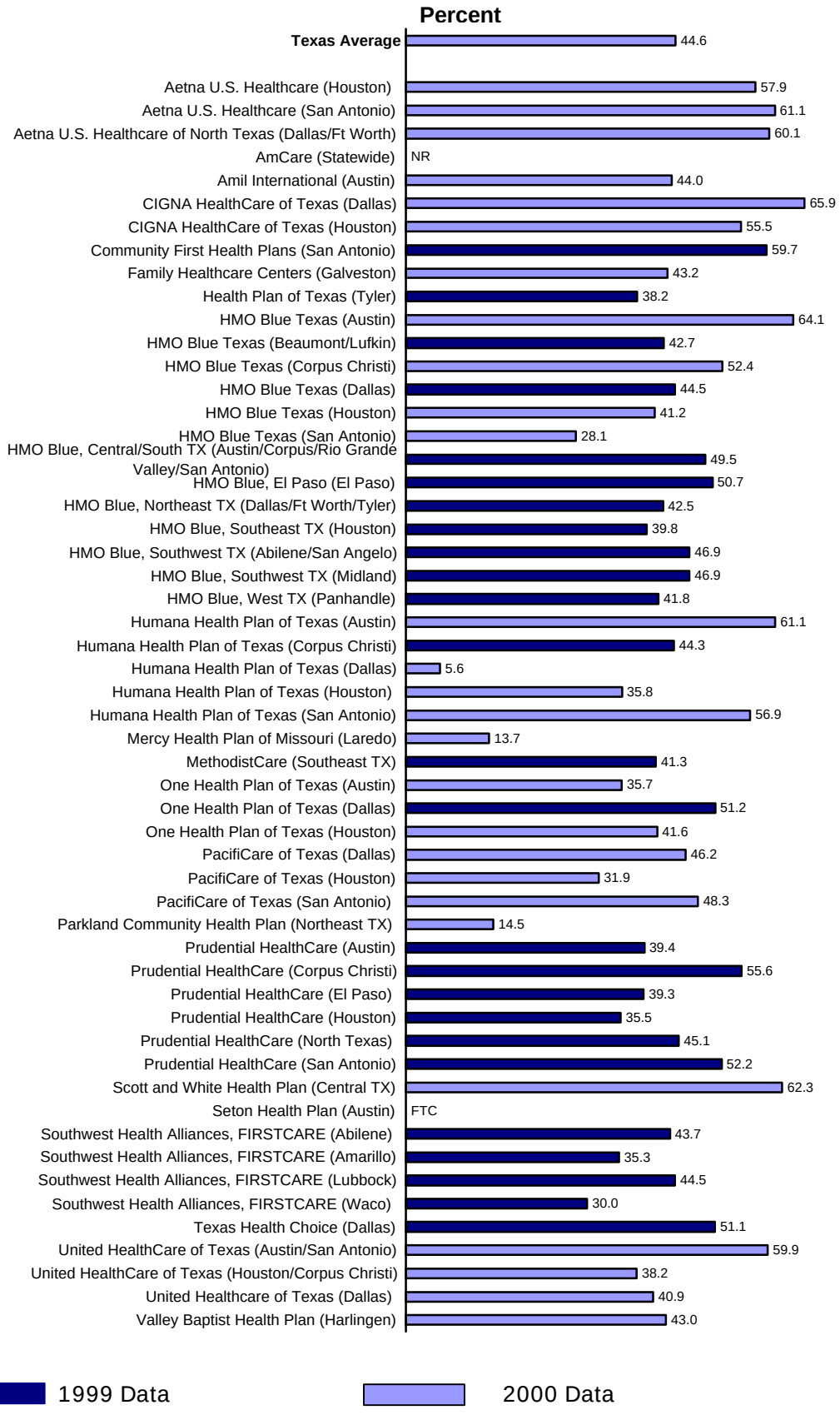
FTC: Failed to comply with reporting requirements

Childhood Immunization Status: Combination 2



Adolescent Immunization Status: Measles, Mumps and Rubella (MMR)

Definition: The percentage of children using the HMO who received a second dose of the measles, mumps, rubella (MMR) vaccine by 13 years of age.

Measles, mumps, and rubella (German measles) are serious diseases that are easily prevented by vaccination. Most children should have a total of two doses of MMR vaccine, the first between 12 to 15 months of age and the second between 4 to 6 years of age[1].

The bar chart on the next page shows the percentage of children using the HMO who received a second dose of the measles, mumps and rubella (MMR) vaccination recommended by the American Academy of Pediatrics by 13 years of age.

	1997†	1998†	1999	2000
Texas Average	41.3%	40.7%	40.4%	39.6%
Quality Compass®	52.2%	52.3%	59.0%	59.3%

1. National Immunization Program (1998) Measles, Mumps & Rubella Vaccines: What You Need to Know. [Brochure]. Centers for Disease Control and Prevention, U.S. Department of Health & Human Services.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
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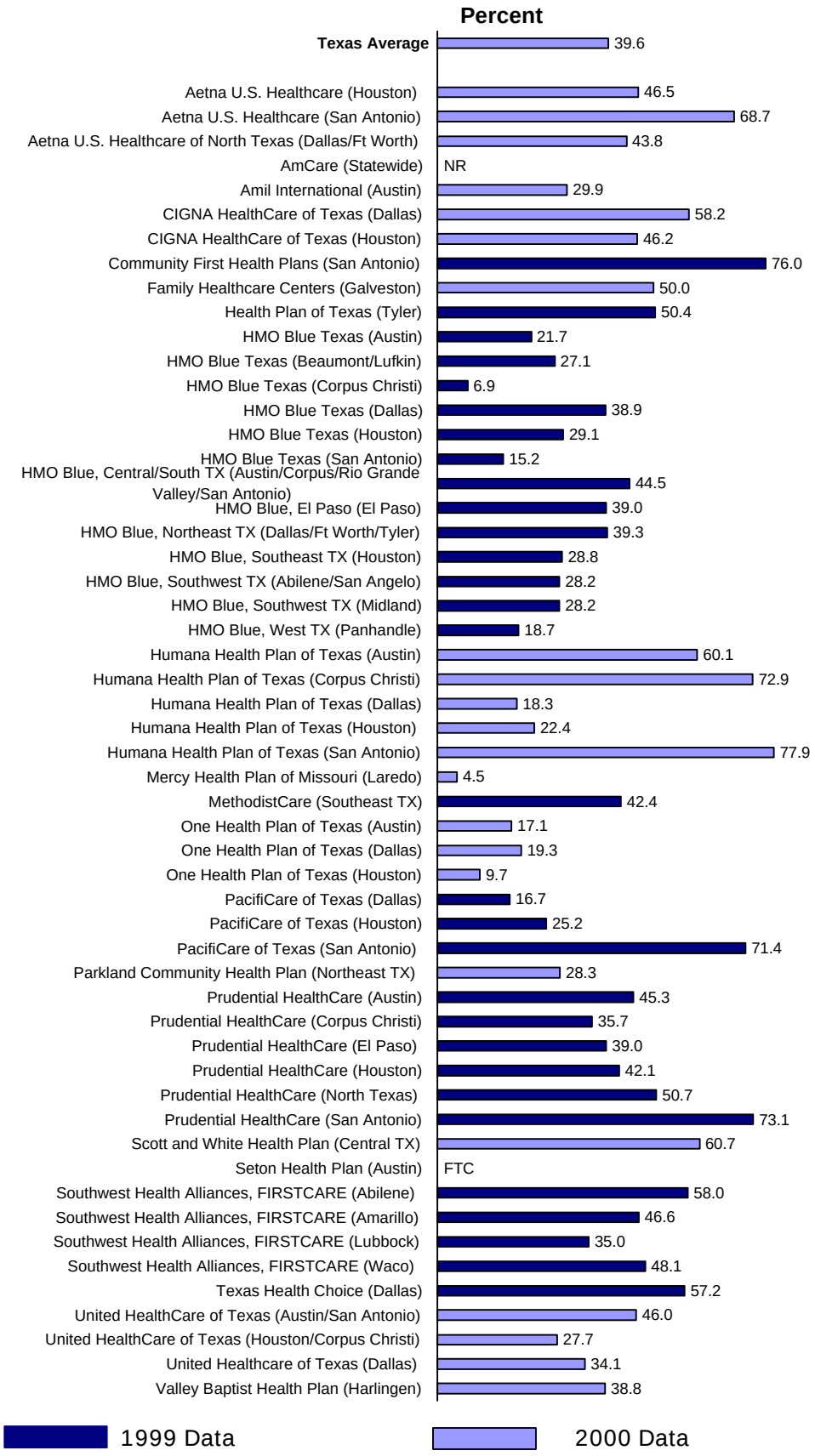
Adolescent Immunization Status: MMR



Breast Cancer Screening

Definition: The percentage of women 52 through 69 years of age using the HMO who received a mammogram during the past two years.

Breast cancer is the second most common form of cancer among American women. More than 180,000 women are diagnosed each year with breast cancer[1]. The earlier breast cancer is found, the better the chance for successful treatment. Mammogram is one of the best ways to detect breast cancer at an early stage. A mammogram is an x-ray of the breast that identifies tumors that are too small to be detected by self-examination. Mammograms, through early detection, have been shown to reduce breast cancer deaths by 20 to 40 percent among women 50 years and older[1].

The bar chart on the next page shows the percentage of women age 52 through 69 years of age using the HMO who received a mammogram during the past two years.

	1997	1998	1999	2000
Texas Average	64.9%	66.2%	67.2%	68.2%
Quality Compass®	71.3%	72.2%	73.4%	74.2%

Healthy People 2010 Goal**: 70%

1: National Cancer Institute, CancerNet, The Facts about Breast Cancer and Mammogram.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
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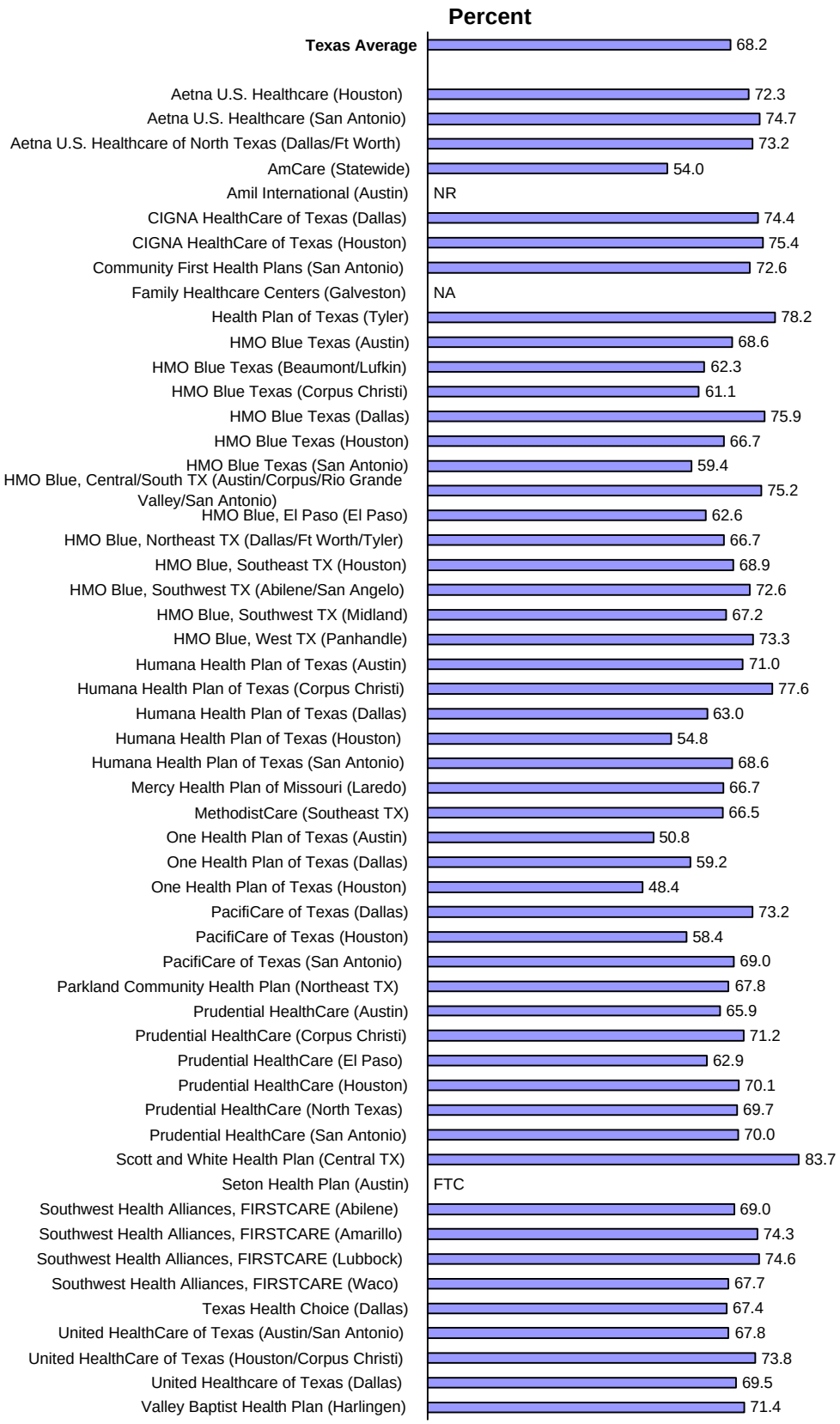
Breast Cancer Screening



Cervical Cancer Screening

Definition: The percentage of women 21 through 64 years of age using the HMO who received a Pap smear test during the past three years.

Cervical cancer often has no recognizable symptoms until it is at an advanced stage. However, when detected early, cervical cancer can almost always be cured. Approximately 13,000 new cases of cervical cancer are diagnosed each year and about 4,800 women die from this disease per year[1]. Most of these deaths could have been prevented by a routine Pap smear. Early detection, through Pap screening, has dramatically reduced the incidence and mortality from invasive cervical cancer, contributing to a 75% decline in the overall number of deaths from this disease[2].

The bar chart on the next page shows the percentage of women age 21 through 64 using the HMO who received a Pap smear test during the past three years.

	1997	1998	1999	2000
Texas Average	64.2%	61.3%	63.7%	71.9%
Quality Compass®	71.3%	69.9%	71.8%	77.1%

Healthy People 2010 Goal**: 90%

1. Cancer Net, National Cancer Institute, Cervical Cancer: Backgrounder, NIH Publication No. 00-1556, Dec. 2000.
2. HEDIS® 2001, Volume 1: Narrative-Whatś in It and Why It Matters (2000), National Committee for Quality Assurance, Washington, D.C.

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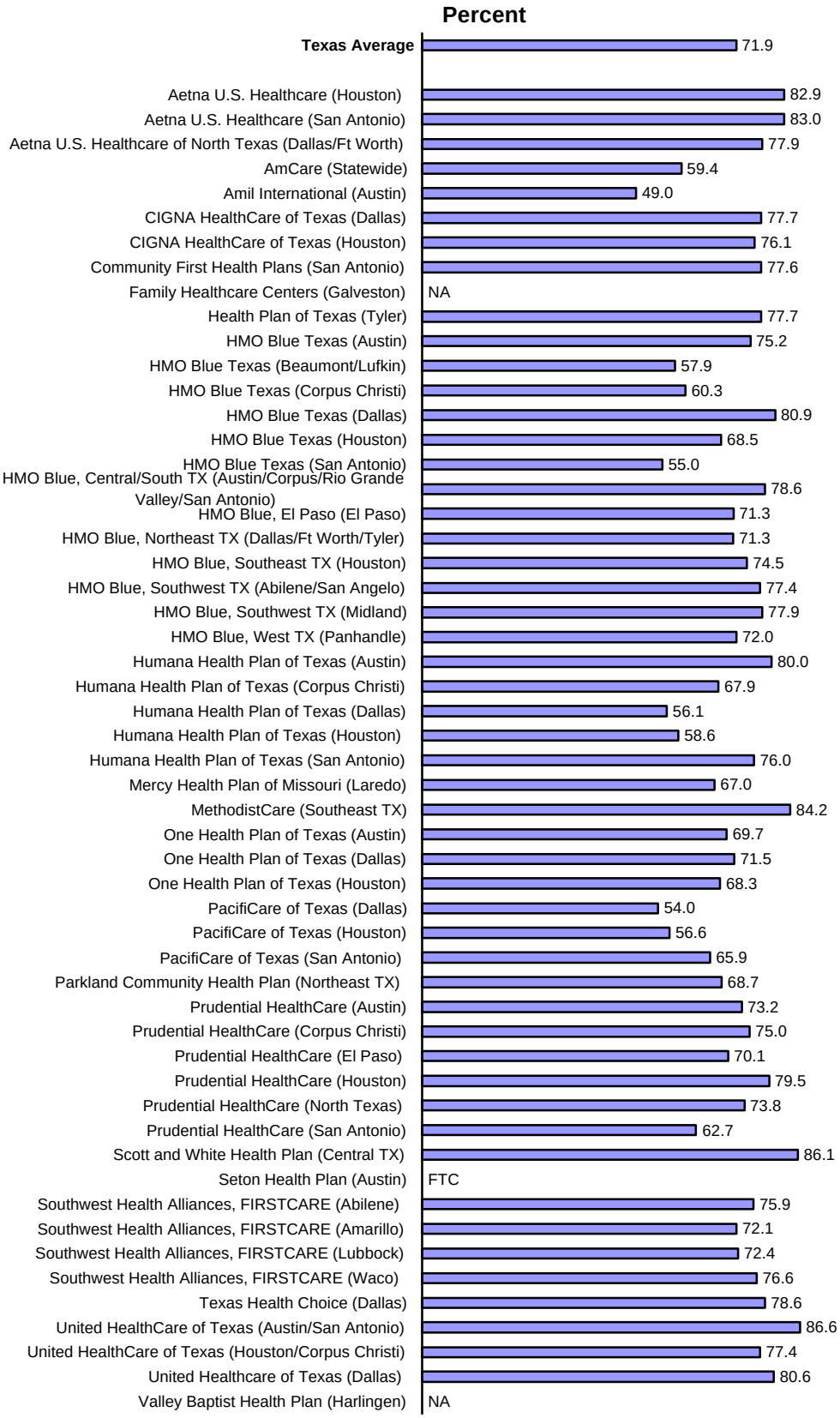
Cervical Cancer Screening



Chlamydia Screening in Women

Definition: The percentage of sexually active women age 16 through 23 years, who are using the HMO who received at least one test for chlamydia during the measurement year.

Chlamydia is caused by infection with the bacteria Chlamydia trachomatis and is the most common sexually transmitted disease (STD) in the U.S. It is most common among sexually active adolescent and young girls and has been associated with urethritis, pelvic inflammatory disease (PID), even ectopic pregnancy and infertility if left untreated. Recent research has shown that women infected with chlamydia have a 3 – 5 fold increased risk of acquiring HIV, if exposed[1]. However, over 75% of women and 50% of men experience no symptoms of the infection, which is why screening is so important[2].

The bar chart on the next page shows the percent of women age 16 through 26 years who were identified as sexually active, who had at least one test for chlamydia.

	1997	1998	1999	2000
Texas Average	*	*	*	18.8%
Quality Compass®	*	*	*	22.6%

* Value not established or not obtained.
1: Chlamydia Fact Sheets, Center for Disease Control and Prevention (CDC), 2001.
2: Clinical Laboratory News. June 2001; 27 (6):1.
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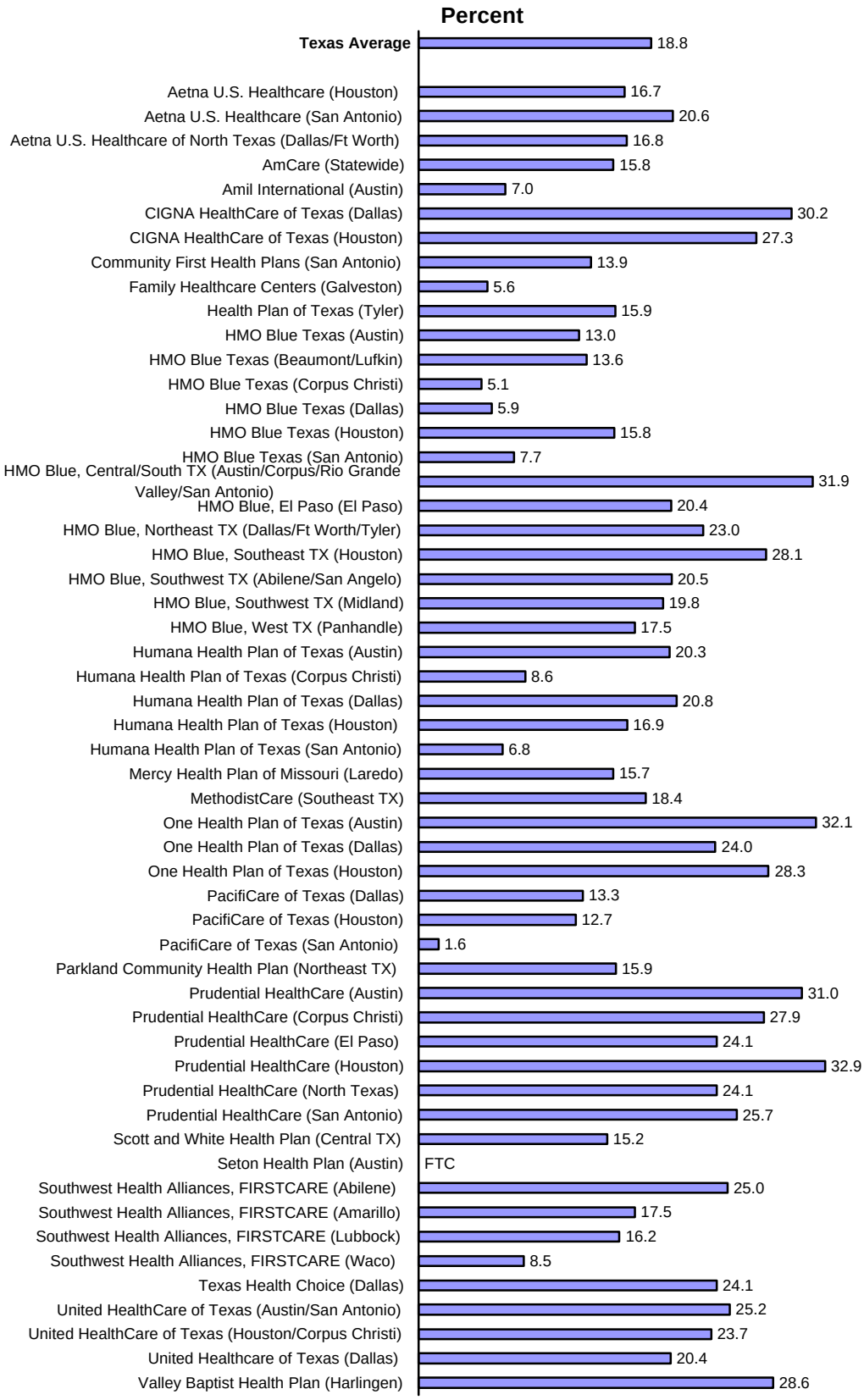
FTC: Failed to comply with reporting requirements

Chlamydia Screening in Women



Controlling High Blood Pressure

Definition: The percentage of members age 46 through 85 years diagnosed with hypertension (high blood pressure), whose blood pressure was controlled during the measurement year. Control was demonstrated by a blood pressure reading below 140 mm Hg systolic and 90 mm Hg diastolic.

According to the American Heart Association, about 50 million Americans, including 30% of the adult population have high blood pressure. High blood pressure killed 44,435 Americans in 1998 and contributed to about 210,000 deaths[1]. Studies show that of all people with hypertension, 31.6 percent don't know they have it, and 14.8 percent are not on therapy[1]. High blood pressure usually has no specific symptoms and no early warning signs. It's truly a "silent killer". Numerous clinical trials have shown that aggressive treatment of high blood pressure reduces mortality from heart disease, stroke, and renal failure[2].

This measure assesses whether blood pressure was controlled among the adults age 46 to 85 years old who were diagnosed with hypertension.

The bar chart on the next page shows the percentage of adults age 46 to 85 years using the HMO, diagnosed with hypertension, whose blood pressure was controlled.

	1997	1998	1999	2000
Texas Average	*	*	*	47.8%
Quality Compass®	*	*	*	50.5%

* Value not established or not obtained.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
1: American Heart Association; Fighting Heart Disease and Stroke (2000 Heart and Stroke Statistical Update).
2: HEDIS® 2001, Volume 1: Narrative-Whats in It and Why It Matters (2000), National Committee for Quality Assurance, Washington, D.C.
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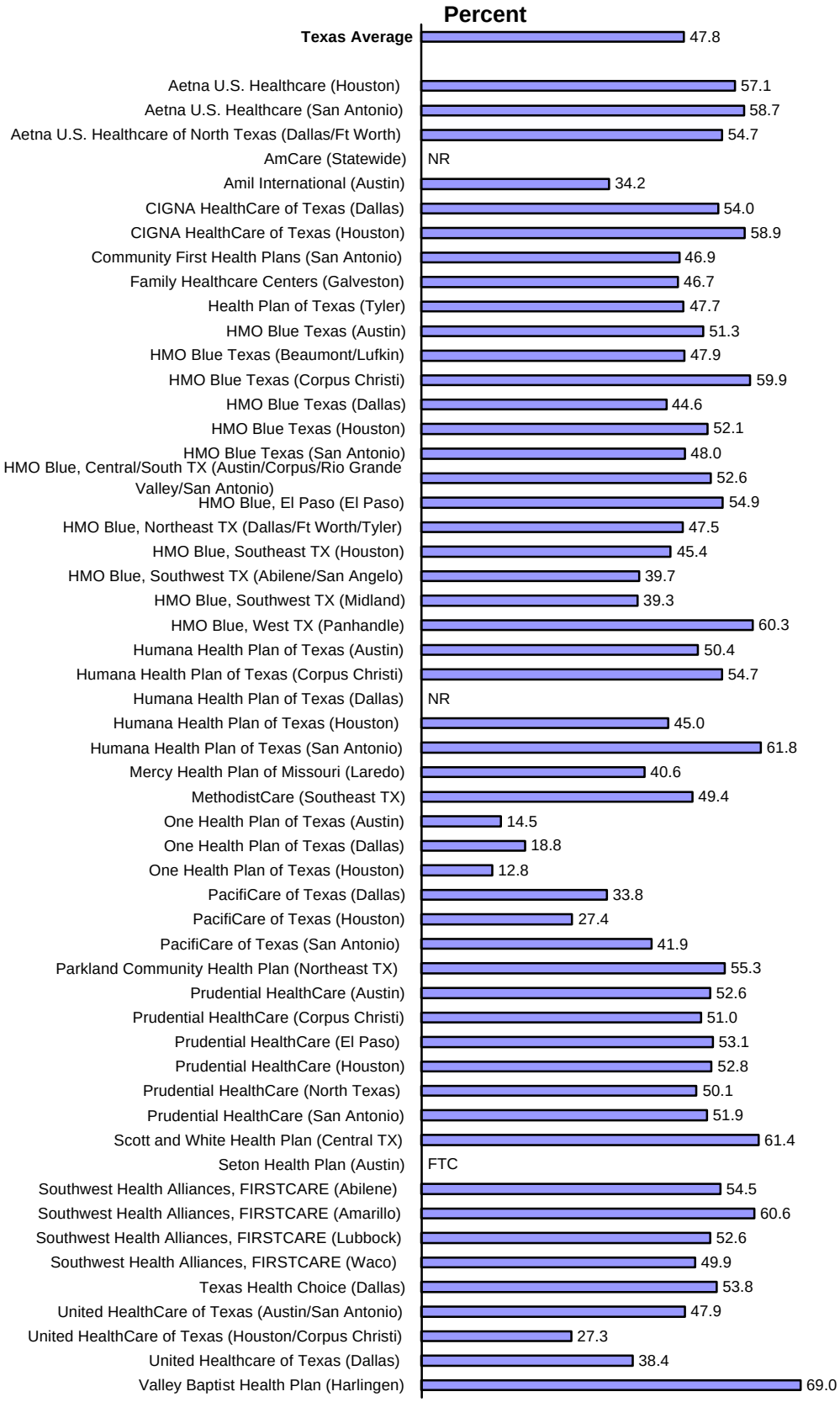
Controlling High Blood Pressure



Cholesterol Management After Acute Cardiovascular Events: LDL-C Screening

Definition: The percentage of members age 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) screening performed on or between 60 and 365 days after discharge for an acute cardiovascular event.

Heart disease, the single leading cause of death in the United States, contributes to almost half a million deaths a year. Blood cholesterol [especially Low Density Lipoprotein-Cholesterol (LDL-C)] is directly related to the development of coronary artery disease and coronary heart disease. High LDL-C levels indicate that cholesterol has built up in the walls of the artery and may increase the risk of a heart attack or stroke.

The bar chart on the next page shows the percentage of members 18 through 75 years of age who were discharged in the year prior to the reporting year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of LDL-C screening on or between 60 and 365 days after discharge. A number of HMOs have been assigned "NA" (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

	1997	1998	1999	2000
Texas Average	*	51.8%	62.4%	72.4%
Quality Compass®	*	59.1%	68.9%	73.5%

* Value not established or not obtained.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
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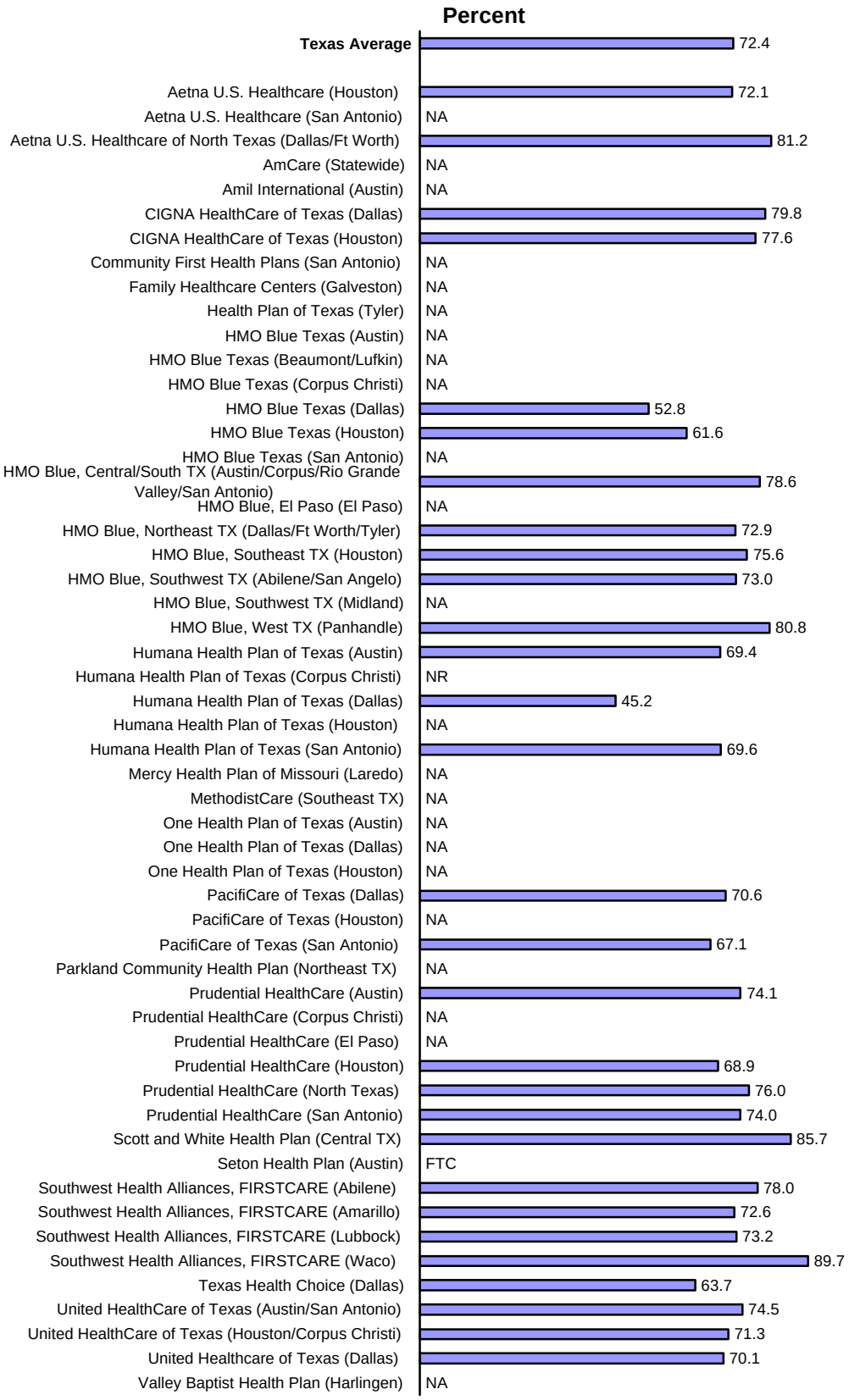
FTC: Failed to comply with reporting requirements

LDL-C Screening After Acute Cardiovascular Event



Cholesterol Management After Acute Cardiovascular Events: LDL-C Level

Definition: The percentage of members 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) level of less than 130 mg/dL performed on or between 60 and 365 days after discharge for an acute cardiovascular event.

Reducing cholesterol in patients with known heart disease can reduce morbidity and mortality by as much as 40 percent[1]. A diet low in saturated fat and cholesterol, exercise, and lipid-lowering medications can effectively lower cholesterol.

The bar chart on the next page shows the percentage of members age 18 through 75 years of age who were discharged in the year prior to the reporting year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of an LDL-C level of less than 130 mg/dL on or between 60 and 365 days after discharge. A number of HMOs have been assigned "NA" (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

	1997	1998	1999	2000
Texas Average	*	*	31.7%	42.6%
Quality Compass®	*	*	45.3%	51.5%

*Value not established or not obtained.
1. HEDIS® 2001, Narrative-What's in It and Why It Matters (2000), National Committee for Quality Assurance, (1) 41.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
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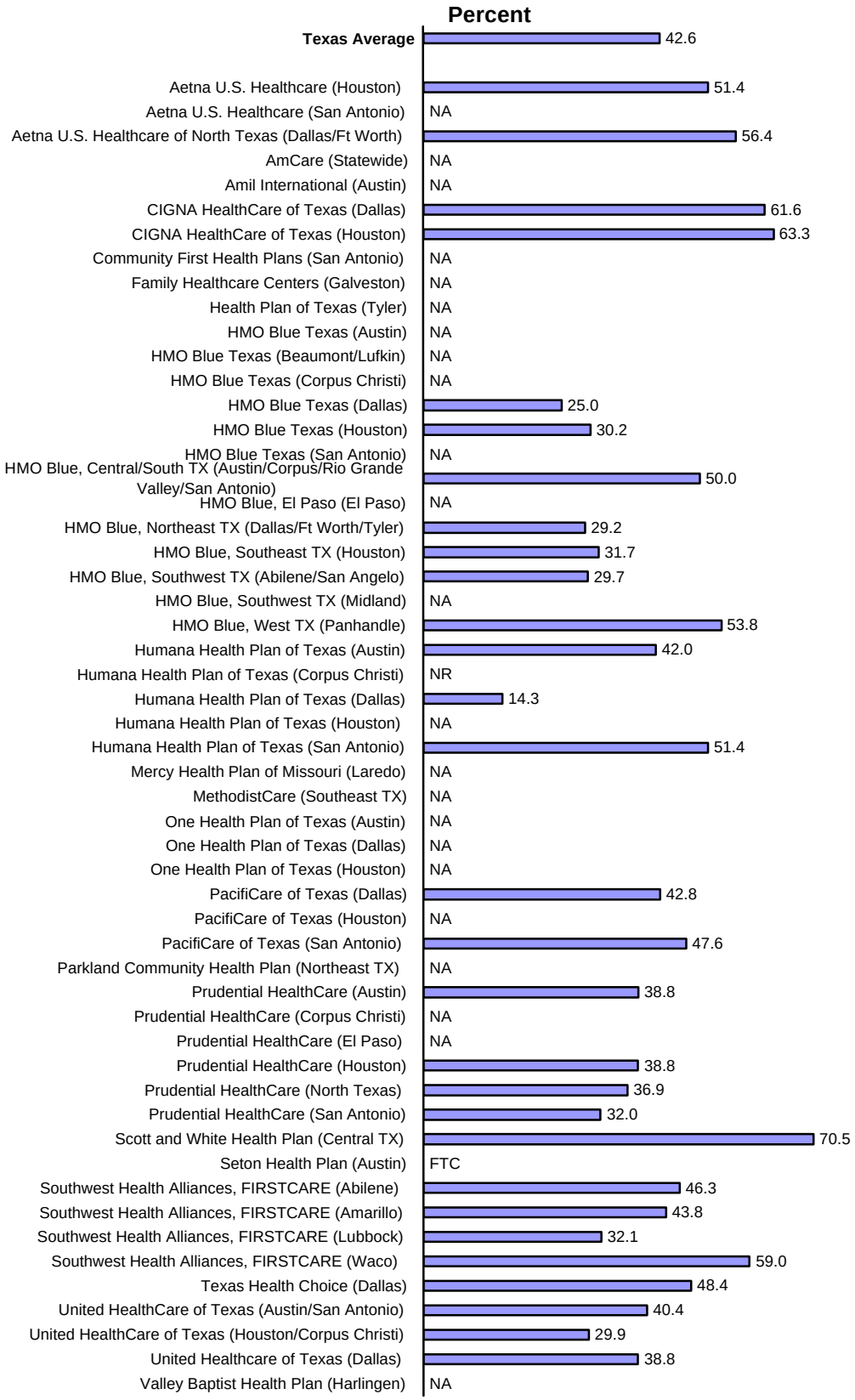
LDL-C Level After Acute Cardiovascular Event



Comprehensive Diabetes Care: HbA1cTesting

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had one or more HbA1c tests conducted within the past year.

The glycosylated hemoglobin (HbA1c) test is a simple lab test that measures the average amount of sugar (glucose) that has been in a person's blood over the last three months. The test shows if a person's blood sugar is under control.

All people with diabetes should have a hemoglobin A1c test at least twice a year.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had at least one HbA1c test conducted within the past year.

	1997	1998	1999	2000
Texas Average	*	*	68.0%	72.9%
Quality Compass®	*	*	75.1%	77.7%

Healthy People 2010 Goal**: 50%

* Value not established or not obtained.
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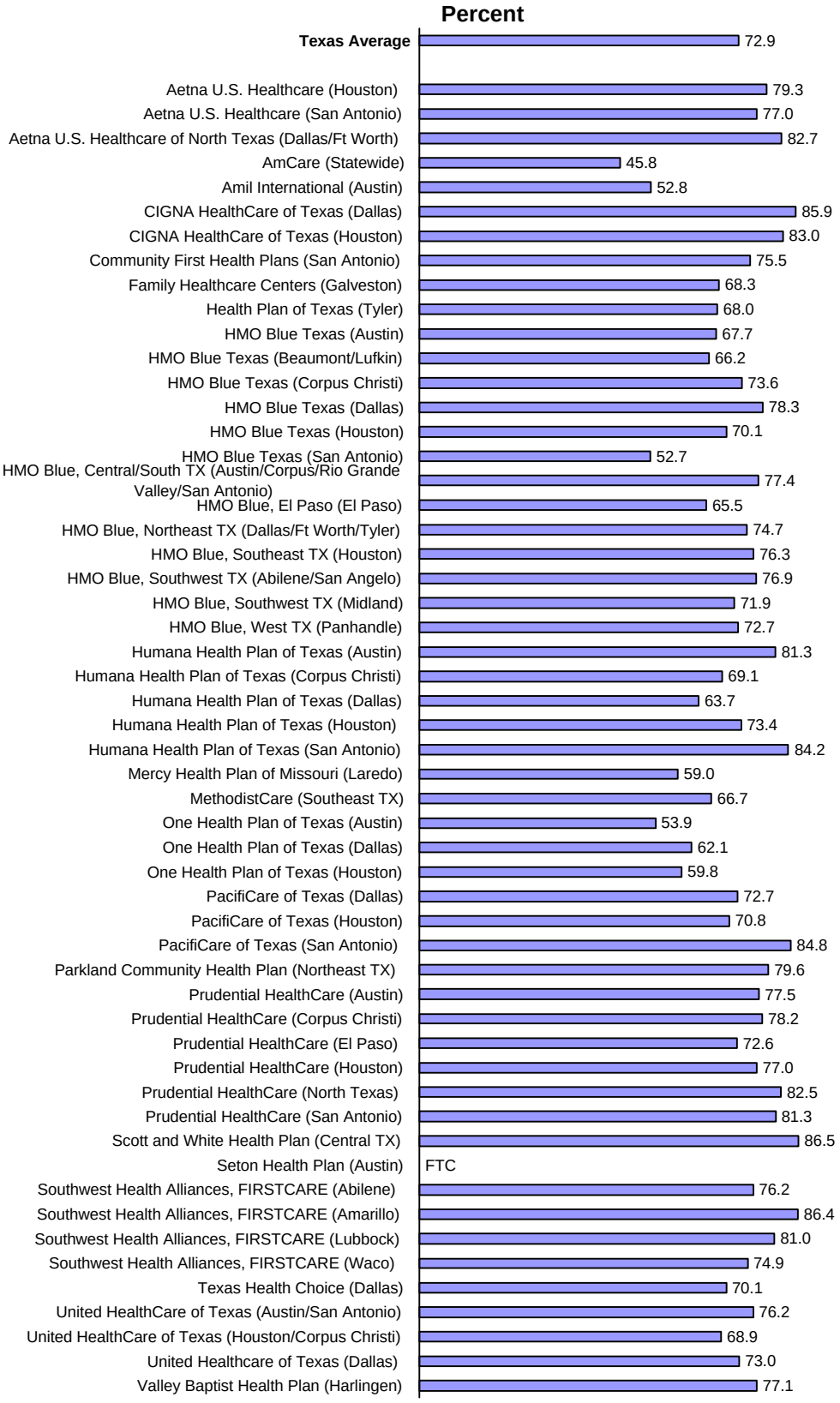
Comprehensive Diabetes Care: HbA1C Testing



Comprehensive Diabetes Care: Poor HbA1c Control

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent HbA1c level greater than 9.5 percent during the past year.

Diabetics who keep their HbA1c levels close to seven percent have a much better chance of delaying or preventing problems that affect the eyes, kidneys, and nerves than do diabetics with levels eight percent or higher. The American Diabetes Association recommends that the goal of therapy should be an HbA1c level of less than seven percent and that physicians should reevaluate the treatment regimes in patients with HbA1c levels consistently above eight percent.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had their most recent HbA1c level greater than 9.5 percent within the past year.

	1997	1998	1999	2000
Texas Average	*	*	55.5%	54.4%
Quality Compass®	*	*	44.8%	43.9%

Note - Lower rates are better for this measure.
* Value not established or not obtained.
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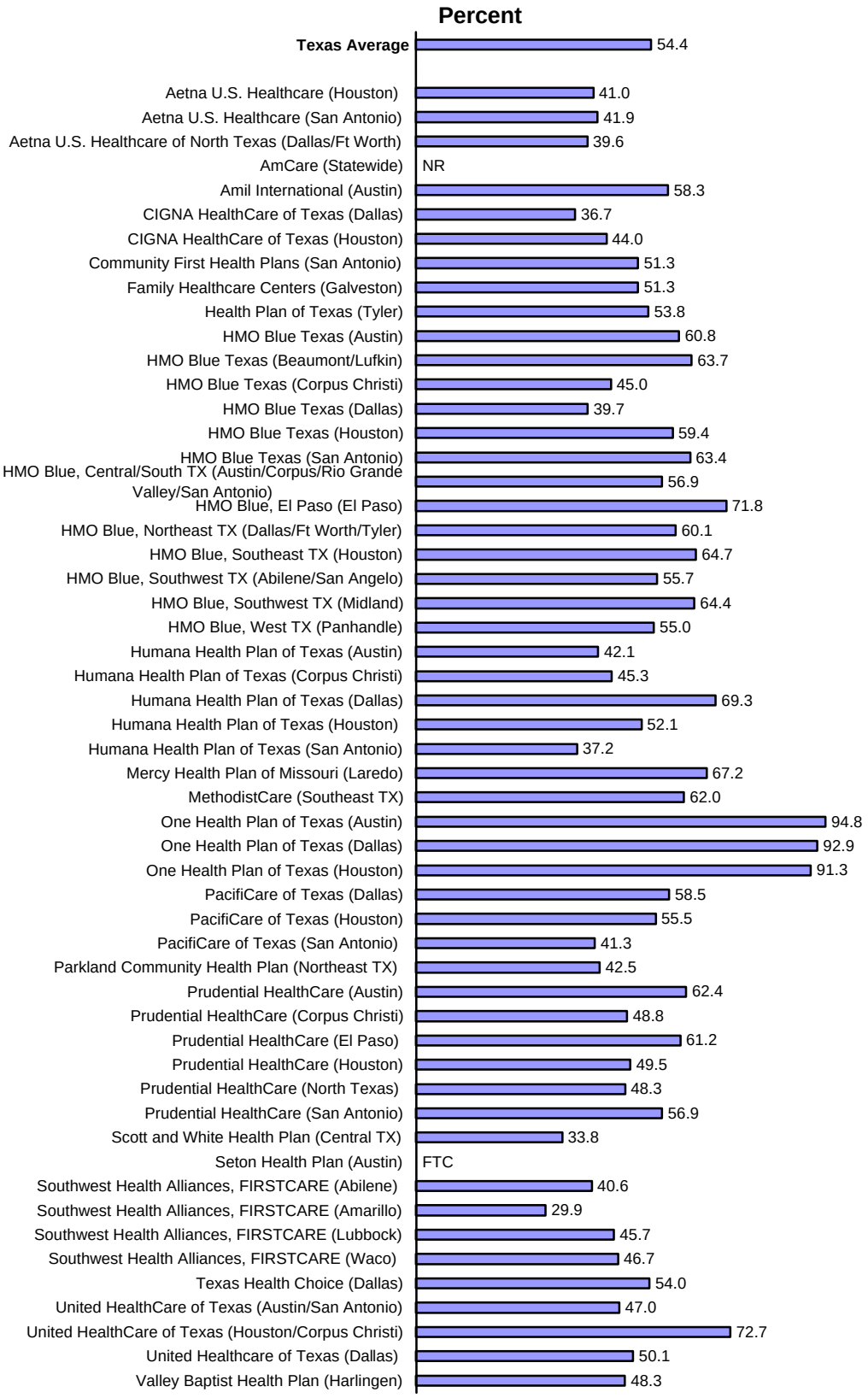
Comprehensive Diabetes Care: Poor HbA1c Control



Note: For this measure lower rates indicate better performance.

Comprehensive Diabetes Care: Eye Exam

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had an eye screening for diabetic retinal disease within the past year.

Diabetes is the leading cause of new cases of blindness among people age 20 to 74 years of age. Each year between 12,000 and 24,000 people lose their sight due to diabetes. Diabetic retinopathy describes the abnormalities of the small blood vessels of the retina caused by diabetes, such as weakening of blood vessel walls or leakage from blood vessels. Non-proliferative retinopathy is a common, usually mild form of the disease that generally does not interfere with vision. However, if left untreated, this disease can progress to proliferative retinopathy, which occurs when new blood vessels branch out or proliferate in and around the retina. It can cause bleeding into the fluid-filled center of the eye or swelling of the retina ultimately leading to blindness.

The key to preventing diabetes-related eye problems is good control of blood glucose levels, a healthy diet, and good eye care. Because a person with diabetes can have retinopathy and not know it, a regular checkup with an eye doctor is critical for the detection and prevention of the disease and its consequences. Patients with diabetes should see their eye care professional annually for a dilated eye examination.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had an eye screening for diabetic retinal disease within the past year.

	1997	1998	1999	2000
Texas Average	32.0%	33.2%	34.3%	36.9%
Quality Compass®	38.8%	41.4%	45.3%	47.9%

Healthy People 2010 Goal**: 75%

* Value not established or not obtained.
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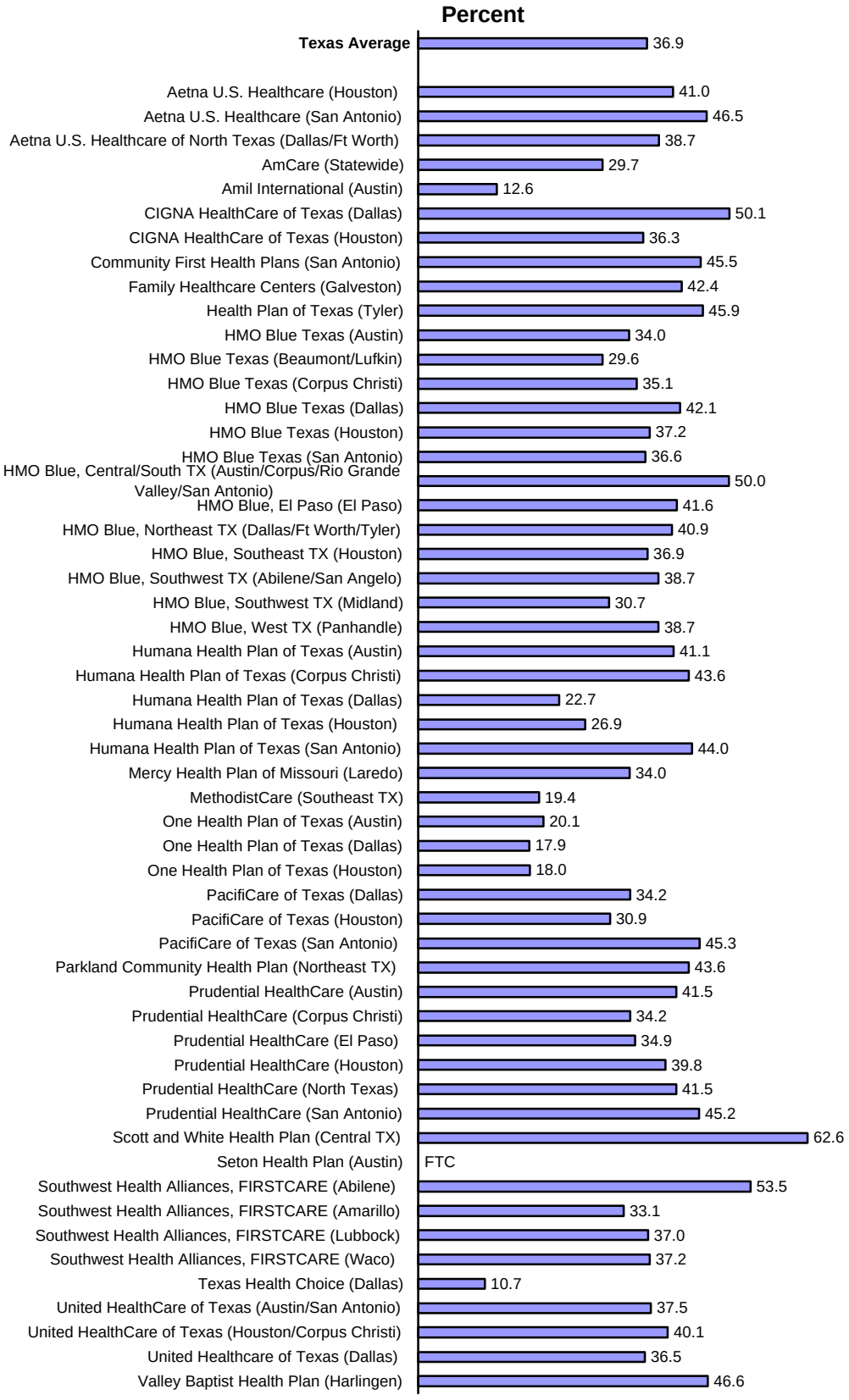
FTC: Failed to comply with reporting requirements.
**Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.

Comprehensive Diabetes Care: Eye Exam



Comprehensive Diabetes Care: LDL-C Screening

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had a LDL-C test done within the last two years.

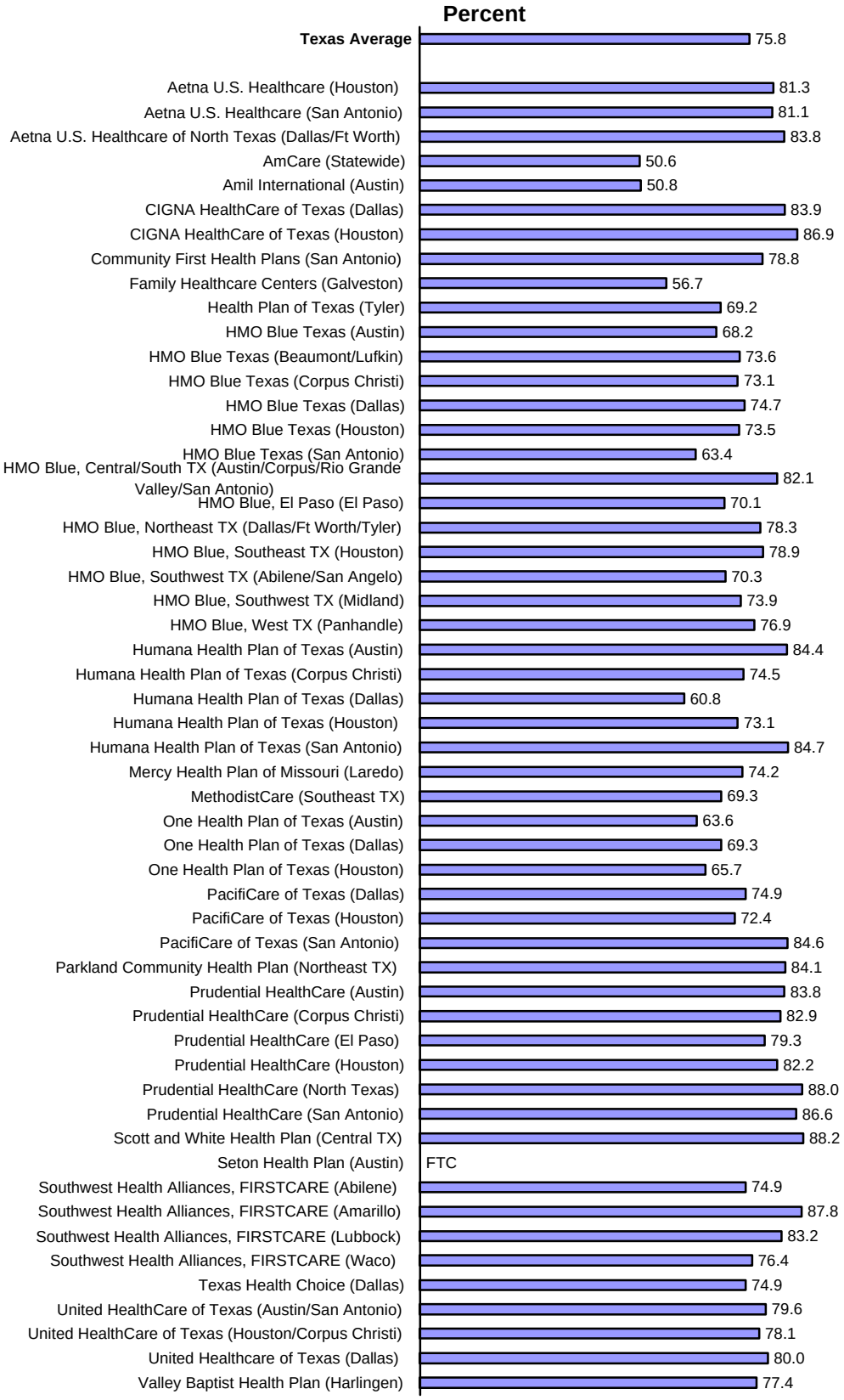
Lipid profiles can help predict a person's risk of cardiovascular disease, the leading cause of death among people with diabetes in the United States. A lipid profile consists of measurements of total cholesterol, total triglycerides, and high-density lipoproteins (HDLs). Low-density lipoproteins (LDLs) can either be tested separately or calculated by a formula involving the measurements of the other three items. High levels of LDLs in the blood may cause plaque to deposit on the walls of the arteries causing atherosclerosis, which can restrict or obstruct blood flow to the heart. The American Diabetes Association recommends that adults with diabetes have their lipid profiles checked every year.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had a LDL-C test done within the last two years.

	1997	1998	1999	2000
Texas Average	*	*	68.1%	75.8%
Quality Compass®	*	*	69.1%	75.7%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.

Comprehensive Diabetes Care: LDL-C Screening



Comprehensive Diabetes Care: LDL-C Level

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent LDL-C level less than 130 mg/dL within the past two years.

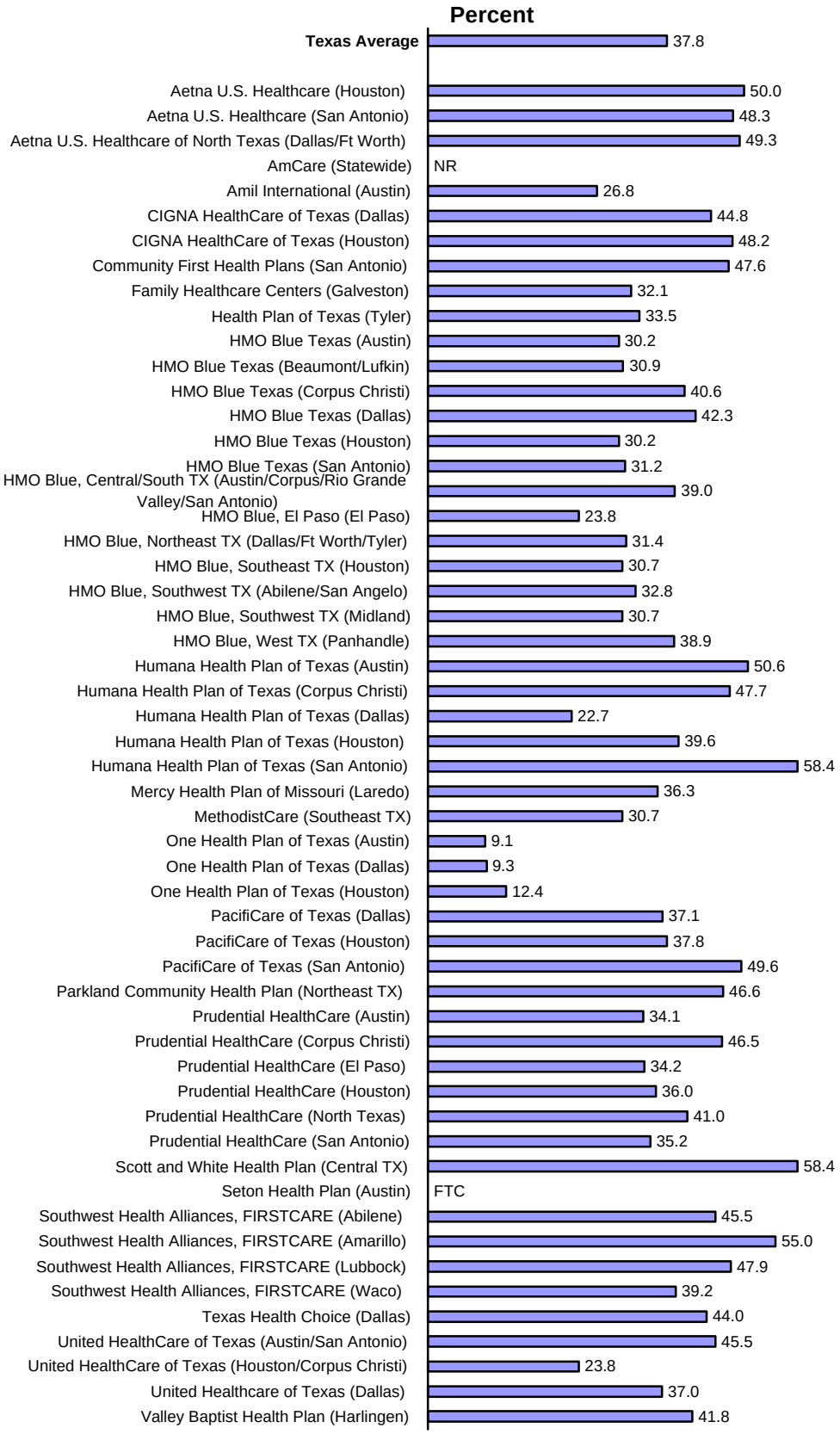
Because diabetes carries an inherent risk of cardiovascular complications, the American Diabetes Association has established recommended values for HDL and LDL cholesterol. Diabetics with an LDL-C level less than 100 mg/dL are considered low risk, levels of 100-129 mg/dL are considered borderline risk, and levels of 130 mg/dL or more are high risk. Diet and exercise can help bring LDL levels down and reduce the risk of cardiovascular disease. In general, the American Diabetes Association also recommends drug therapy if LDLs do not fall below 130 mg/dL with non-drug therapy such as diet and exercise.

The bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had their most recent LDL-C level less than 130 mg/dL within the past two years.

	1997	1998	1999	2000
Texas Average	*	*	32.4%	37.8%
Quality Compass®	*	*	36.7%	43.6%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

Comprehensive Diabetes Care: LDL-C Level



Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had screening for nephropathy or evidence of already having nephropathy within the past year.

Nephropathy, or kidney disease, is a frequent complication of diabetes and often ends in kidney failure or end-stage renal disease. The American Diabetic Association reports that ten to twenty-one percent of all people with diabetes will develop kidney disease. Diabetic nephropathy is a progressive disease that develops over several years. Among healthy individuals, many tiny vessels (nephrons) in the kidney act as filters to remove wastes, chemicals, and excess water from the blood. In diabetic nephropathy, these nephrons are damaged, becoming leaky, and protein eventually spills into the urine. Eventually, the damaged nephrons are destroyed, putting more stress on the remaining "filters" and causing them to become damaged. When the entire filtration system breaks down, the kidneys fail to function causing end-stage renal disease (ESRD). ESRD is a condition where the patient requires dialysis or a kidney transplant in order to survive.

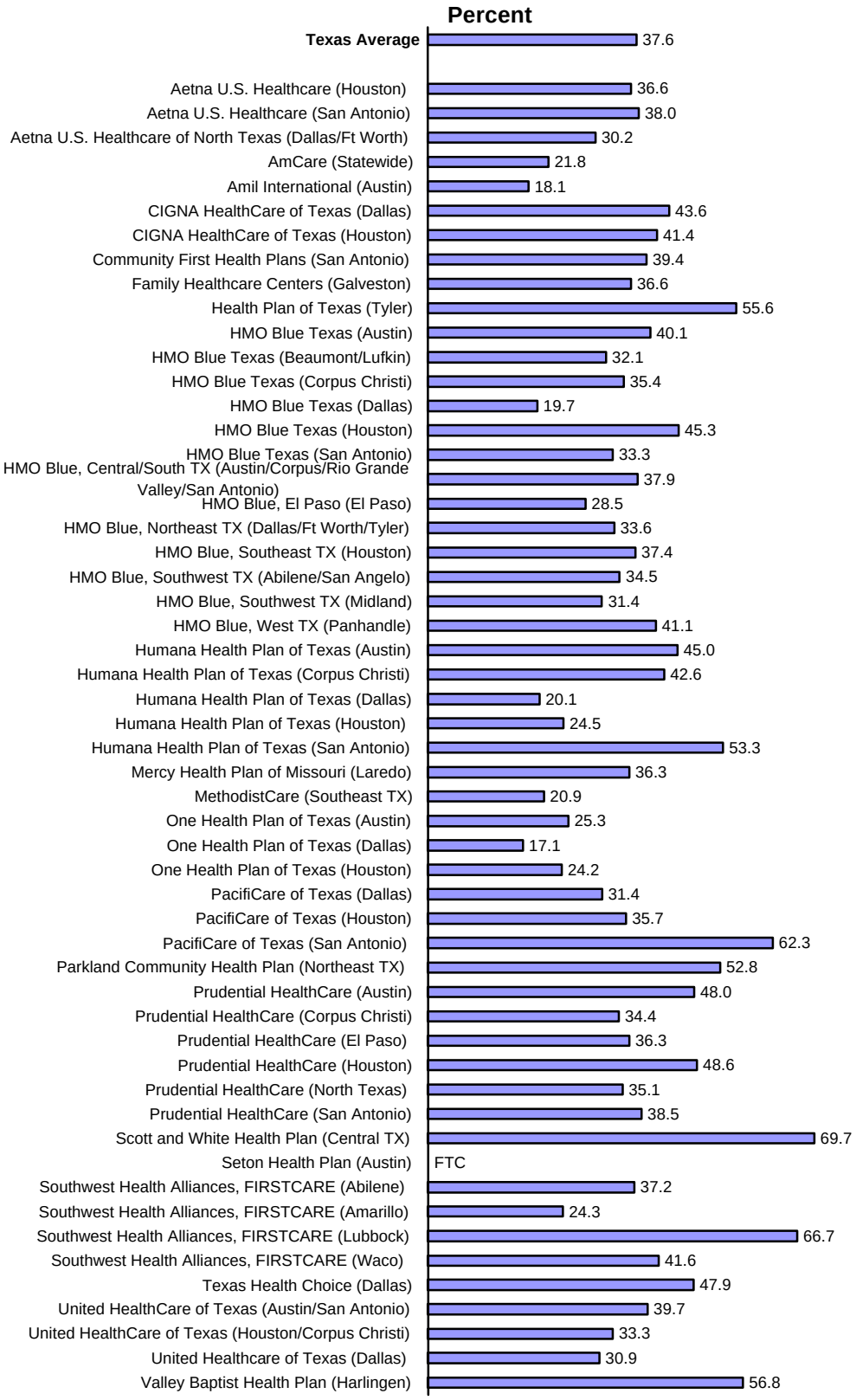
The key to preventing diabetes-related kidney problems begins with good control of blood glucose levels, control of blood pressure, and regular screening by health care professionals.

This bar chart on the next page shows the percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes in each HMO who had screening for nephropathy or evidence of already having nephropathy within the past year.

	1997	1998	1999	2000
Texas Average	*	*	33.3%	37.6%
Quality Compass®	*	*	36.1%	43.2%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.

Comprehensive Diabetes Care: Monitoring Nephropathy



Use of Appropriate Medications for People with Asthma

Definition: Percentage of members 5 through 56 years of age with persistent asthma who were being prescribed medications acceptable as primary therapy for long-term control of asthma.

Asthma is a reversible obstructive lung disease, caused by an increased reaction of the airways to various stimuli. It is estimated that 26.3 million have been diagnosed with asthma by a health professional; more than a third of them (at least 8.6 million) are children under 18 years of age[1]. Asthma accounts for 10 million lost school days annually[1]. People with asthma collectively have more than 100,000 days of restricted activity and 5,000 deaths annually[2]. Much of the deaths and morbidity associated with asthma is avoidable. Successful management of asthma can be achieved for most asthmatics if they take medications that provide long-term control.

According to best available evidence the following are classes of long-term control medications for asthma[2].

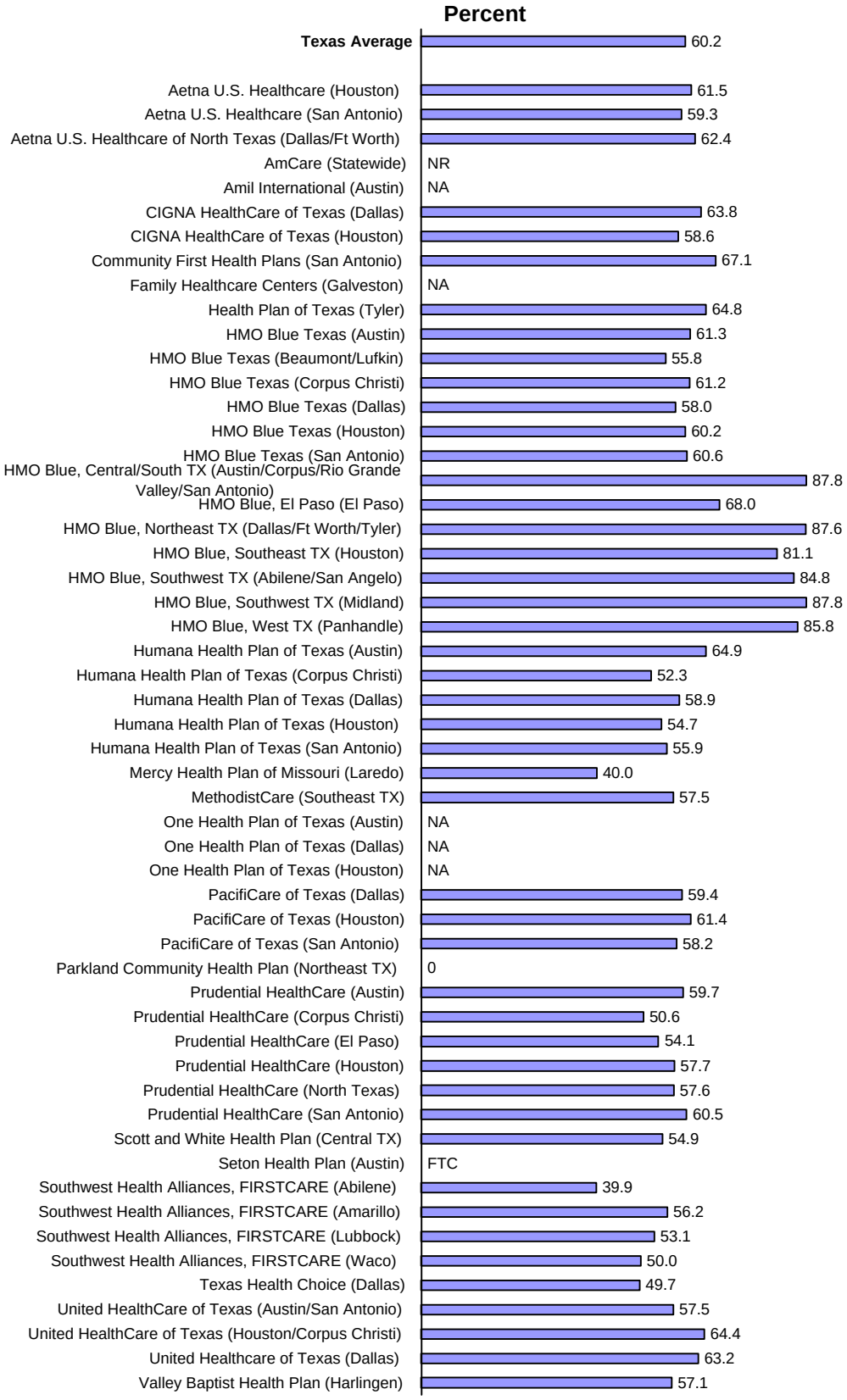
Inhaled Corticosteroids
Cromolyn Sodium and Nedocromil
Leukotriene Modifiers
Methylxanthines

The bar chart on the next page shows the percentage of members age 6 through 56 years of age who were diagnosed with persistent asthma had at least one dispensed prescription for medications of long-term control.

	1997	1998	1999	2000
Texas Average	*	*	*	60.2%
Quality Compass®	*	*	*	62.5%

* Value not established or not obtained.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor.
NA –The plan did not have a large enough sample to report a valid rate.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
1: American Lung Association;. Asthma in Children Fact Sheet, Jan 2001.
2: HEDIS® 2001: Technical Specifications (2000), National Committee for Quality Assurance, Washington, D.C., (2) 95.
FTC: Failed to comply with reporting requirements.

Appropriate Medications for People With Asthma



Follow-up After Hospitalization for Mental Illness

Definition: The percentage of members hospitalized for mental health disorders who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital.

A significant number of individuals suffer from some form of mental illness during their life, yet few of them are medically diagnosed. For example, suicide - a very real risk to individuals with mental illness - causes upwards of 15% of all deaths associated with untreated mood disorders[1].

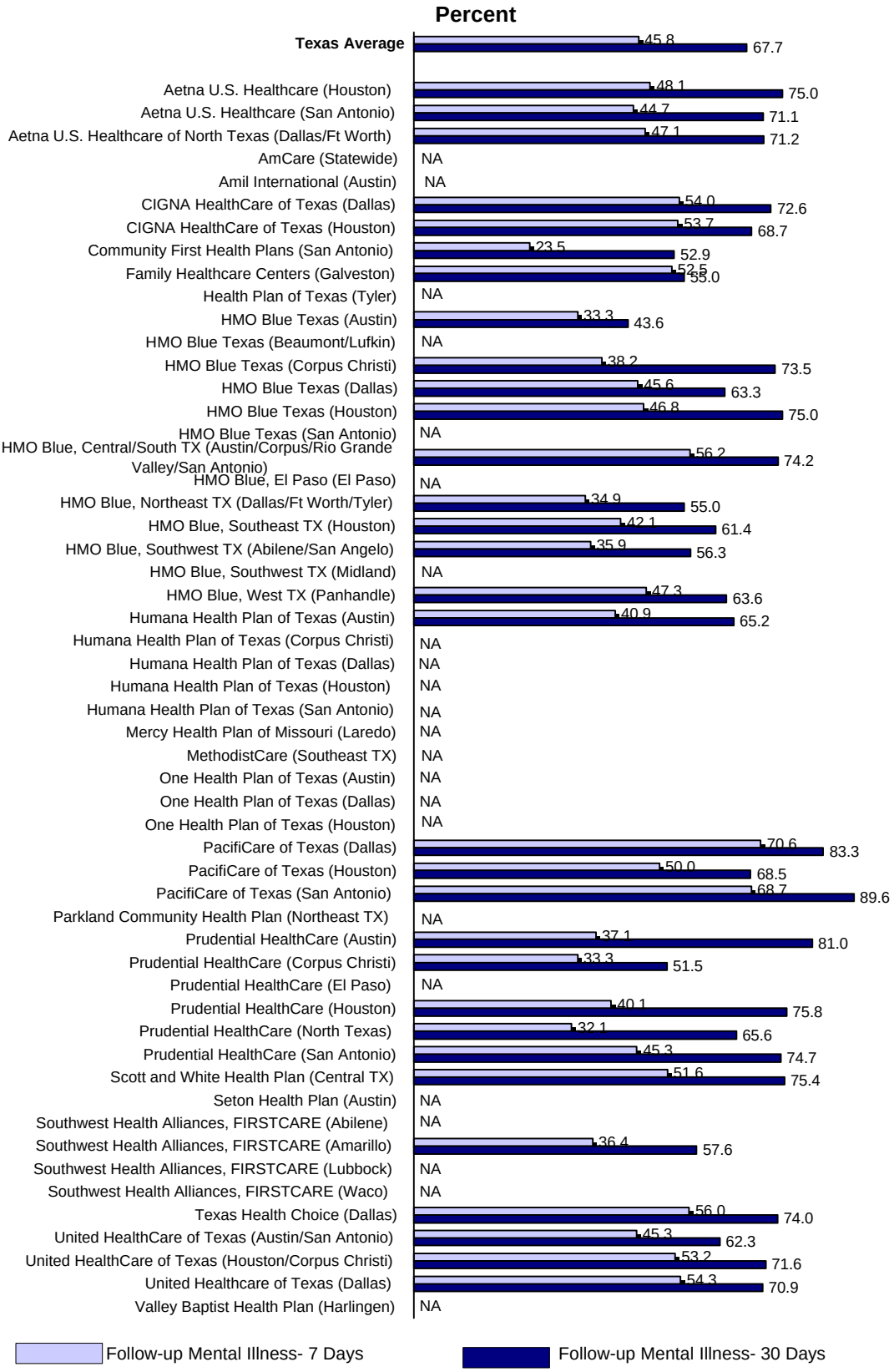
It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner within at least 30 days (ideally 7 days) of discharge is necessary to ensure that the patient's transition to home or work is supported and that gains made during hospitalization are maintained.

The bar chart on the next page shows the percentage of members hospitalized for mental health disorders in the HMO service area who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital.

	1997	1998	1999	2000
Texas Average within 7 days	*	37.8%	41.0%	45.8%
Quality Compass® within 7 days	*	44.6%	47.6%	49.7%
Texas Average within 30 days	66.0%	62.3%	65.7%	67.7%
Quality Compass® within 30 days	67.3%	67.4%	70.1%	72.8%

1: HEDIS® 2001: Narrative- Whats in It and Why It Matters (2000), National Committee for Quality Assurance, Washington, D.C., (1) 43.
NA –The plan did not have a large enough sample to report a valid rate.
FTC: Failed to comply with reporting requirements.

Follow-up After Hospitalization for Mental Illness



Antidepressant Medication Management: Optimal Practitioner Contacts

Definition: The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression, treated with antidepressant medication, and who had at least three follow-up contacts with a primary care practitioner or mental health practitioner during the 12 week Acute Treatment Phase.

Once identified, depression can almost always be successfully managed, either with medication, psychotherapy, or a combination of both. This process measure assesses the adequacy of clinical management of new treatment episodes for adult members with a major depressive order.

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who had at least three follow-up contacts with a practitioner during 12 weeks.

	1997	1998	1999	2000
Texas Average	*	*	17.2%	18.6%
Quality Compass®	*	*	21.3%	20.0%

* Value not established or not obtained.
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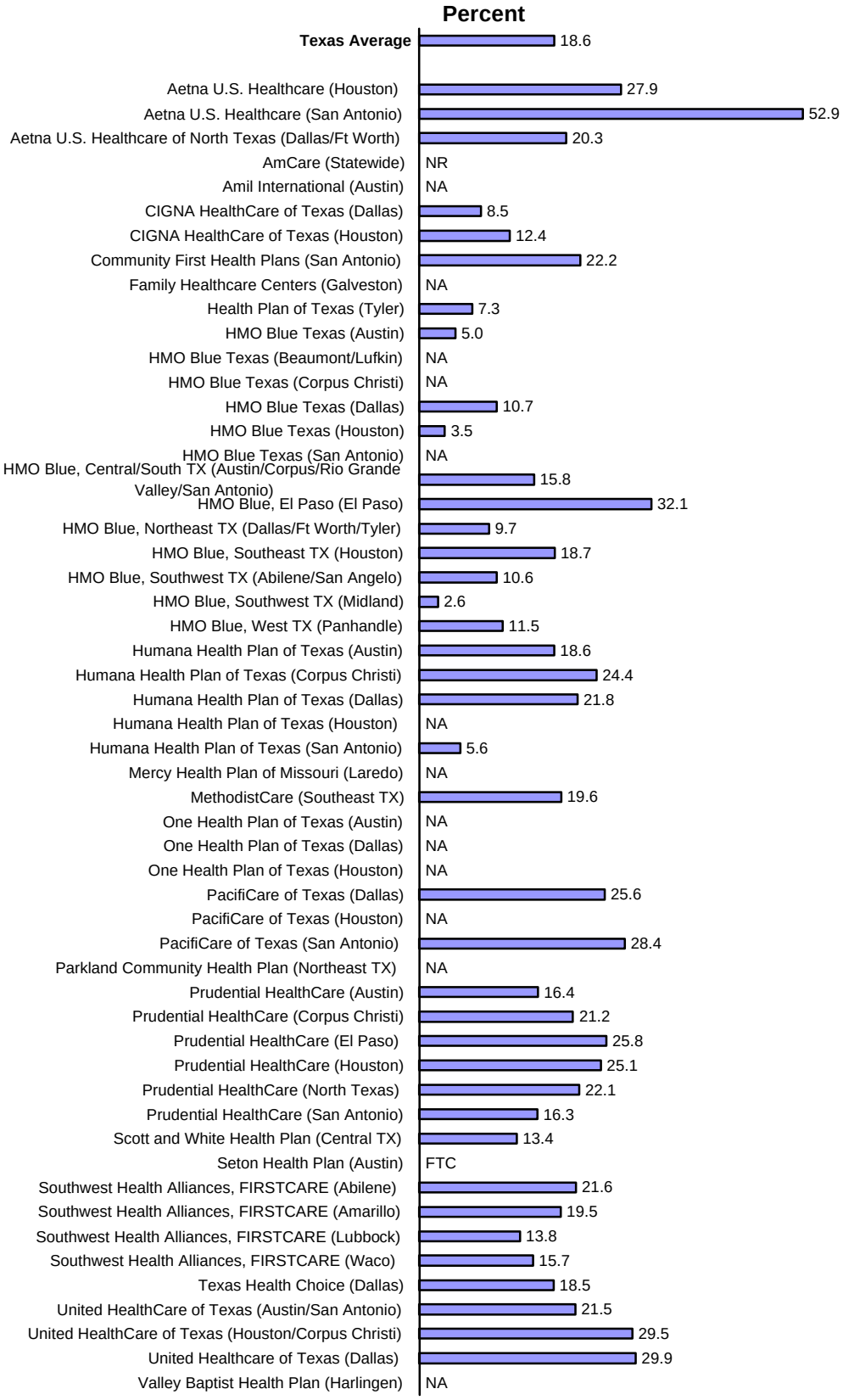
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor
NA –The plan did not have a large enough sample to report a valid rate.
FTC: Failed to comply with reporting requirements.

Antidepressant Med. Management: Practitioner Contact



Antidepressant Medication Management: Effective Acute Phase Treatment

Definition: The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression and who remained on an antidepressant drug during the entire 12 week Acute Treatment Phase.

This measure assesses the percentage of adult members initiated on an antidepressant drug who received a continuous trial of medications treatment during the Acute Treatment Phase.

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who remained on antidepressant medication for 12 weeks.

	1997	1998	1999	2000
Texas Average	*	*	55.4%	54.0%
Quality Compass®	*	*	58.8%	**

* Value not established or not obtained.
** Due to an omission in the specifications, NCQA decided to exclude this measure from 2001Quality Compass® reporting.
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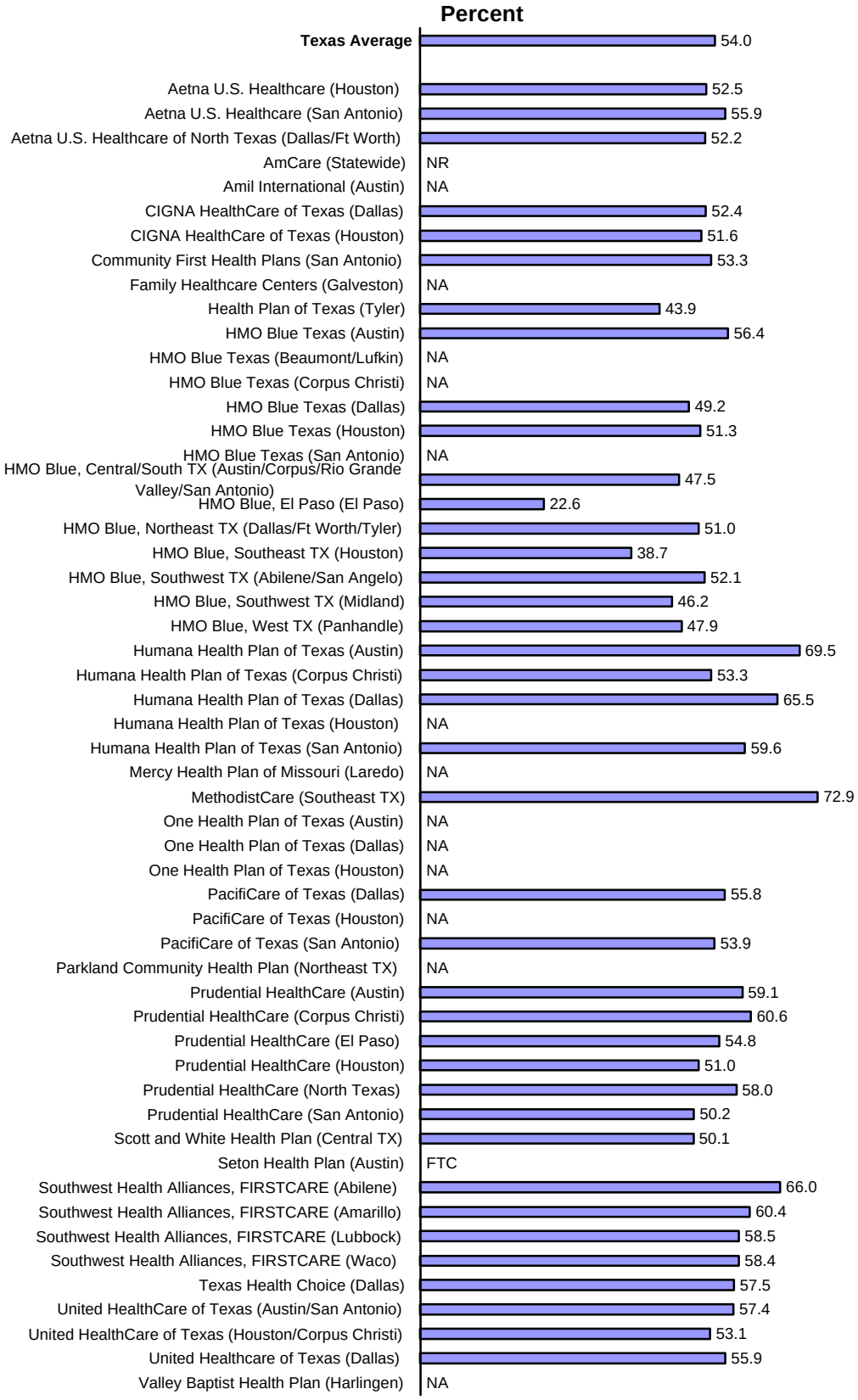
FTC: Failed to comply with reporting requirements.

Antidepressant Med. Management: Ac. Phase Treatment



Antidepressant Medication Management: Effective Continuation Phase Treatment

Definition: The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least six months.

This measure assesses the effectiveness of clinical management in achieving medication compliance and the likely effectiveness of the established dosage regimes by determining whether adult members completed a period of treatment adequate for defining a recovery according to guidelines published by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR).

The bar chart on the next page shows the percentage of members diagnosed with depression and treated with antidepressant medications who remained on an antidepressant medication for at least six months.

	1997	1998	1999	2000
Texas Average	*	*	37.2%	36.4%
Quality Compass®	*	*	42.2%	**

* Value not established or not obtained.
** Due to an omission in the specifications, NCQA decided to exclude this measure from 2001Quality Compass® reporting.
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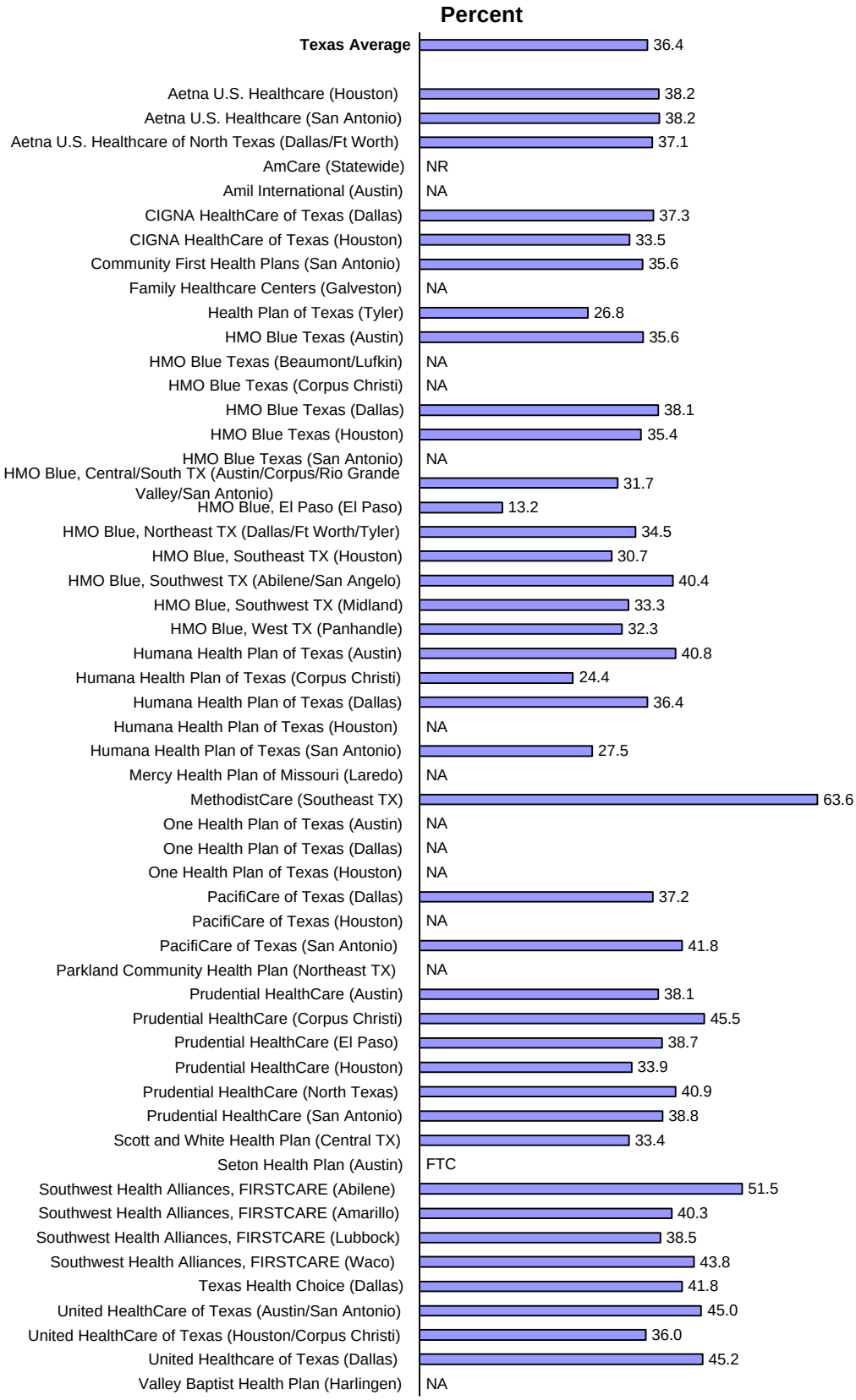
FTC: Failed to comply with reporting requirements.

Antidep. Med. Management: Cont. Phase Treatment



Advising Smokers to Quit

Definition: The percentage of adult smokers or recent quitters using the HMO who received advice to quit smoking from a health professional in the plan during the past year.

Smoking, responsible for an estimated 400,000 deaths each year, is the leading contributor to preventable mortality in the U.S.[1] Half of all lifelong smokers will die from a smoking related illness. The 1990 Surgeon General's Report indicated that smokers who quit reduced their risk of dying prematurely by almost 50%. In 1990, the medical costs directly associated with smoking were over seven percent of national health expenditures (upwards of $100 billion dollars)[1]. Yet, given even these significant health and economic motivators, a large percentage of current smokers are still more likely to quit if so advised by their physician. Receiving even a brief amount of smoking cessation advice from a physician is associated with a 30% increase in the number of smokers who quit[2].

The bar chart on the next page shows the percentage of smokers or recent quitters in each HMO who received advice to quit smoking from a plan doctor during the past year.

Most of the HMOs did not have enough eligible members (more than 30) to report a valid rate for this measure and were assigned "NA" (not applicable).

	1997	1998	1999	2000
Texas Average	55.7%	57.5%	58.6%	46.2%
Quality Compass®	64.0%	62.5%	68.3%	67.1%

Healthy People 2010 Goal**: 50%

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health Care Access and Cost Commission (HCACC).
2. HEDIS® 2000, Volume 1: Narrative-Whats in It and Why It Matters (1999), National Committee for Quality Assurance, Washington, D.C.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
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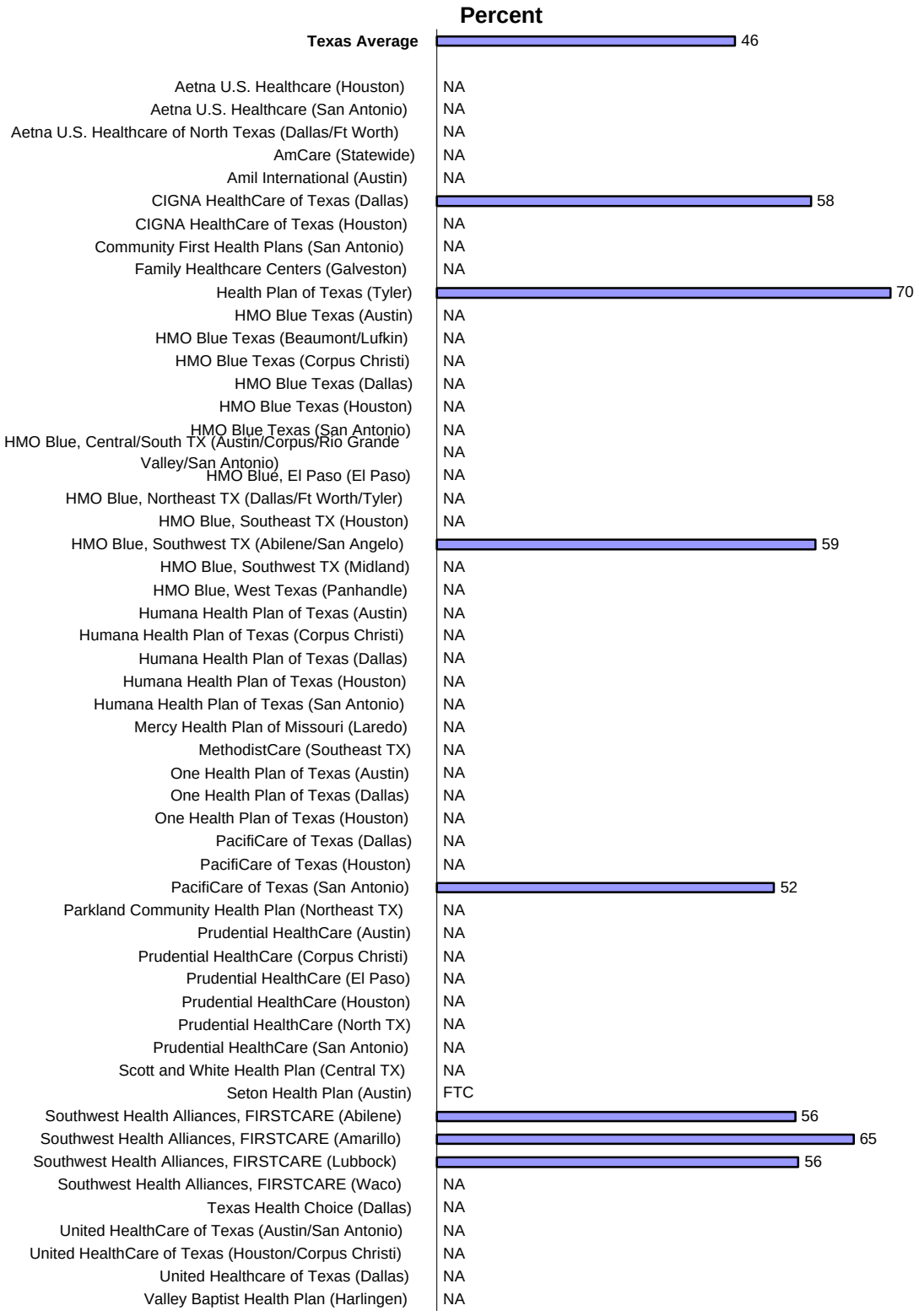
**Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.

Advising Smokers to Quit



Satisfaction with the Experience of Care

This section presents results from the Consumer Assessment of Health Plans (CAHPS® 2.0H) survey of adult commercial HMO enrollees in Texas. The CAHPS® 2.0H survey tool was developed under the direction of the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR), and is based on extensive research on consumer concerns and preferences. Each health plan contracted with an independent NCQA certified vendor to conduct the survey. The results are based on the responses of a randomly selected sample of members in each health plan.

CAHPS® 2.0H survey results are calculated as ratings, composites and question summary rates. Ratings and composite scores provide a general indication of how well the HMO meets member's expectations. Composite scores are used to both facilitate aggregation of information from multiple specific questions and to enhance the communication of this important information to consumers.

The results from four individual questions and six composite scores are presented in this section. The CAHPS® 2.0H results presented in this section are:

Individual Ratings:
How People Rated Their Health Plan (1 question)
How People Rated Their Care (1 question)
How People Rated Their Doctor or Nurse (1 question)
How People Rated Their Specialist (1 question)

Composite Ratings:
Getting Needed Care (4 questions)
Getting Care Quickly (4 questions)
How Well Doctors Communicate (4 questions)
Courteous and Helpful Office Staff (2 questions)
Customer Service (3 questions)
Claims Processing (2 questions)

In order to have a result for a survey question, HMOs are required to achieve a minimum of 100 responses for that question. If the number of responses is less than 100, then the result is shown as "*Not Applicable*" (NA) for that question.

How People Rated Their Health Plan

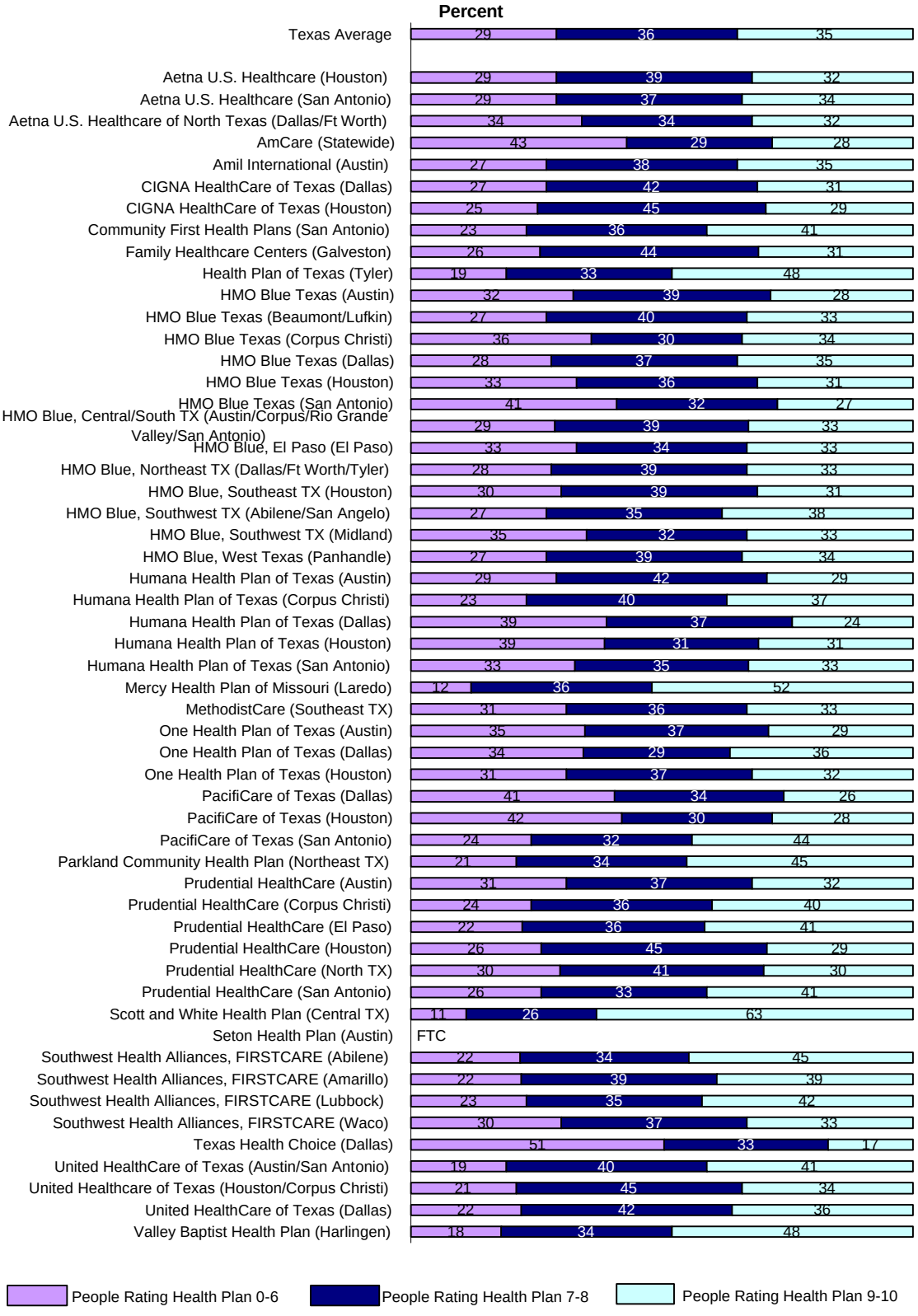
The bar chart shows the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?

	Percent surveyed who rated their plan 6 or lower	Percent surveyed who rated their plan 7 or 8	Percent surveyed who rated their plan 9 or 10
1999 Texas Average	30%	36%	33%
2000 Texas Average	29%	36%	35%
2000 NCBD* Average	25%	38%	37%

* National CAHPS® Benchmarking Database (NCBD), developed and maintained by Agency for Healthcare Research and Quality (AHRQ), provides national benchmarks to facilitate comparisons. Nationwide more than 790 health plans participated in this project.
FTC: Failed to comply with reporting requirements.

How People Rated Their Health Plan



How People Rated Their Health Care

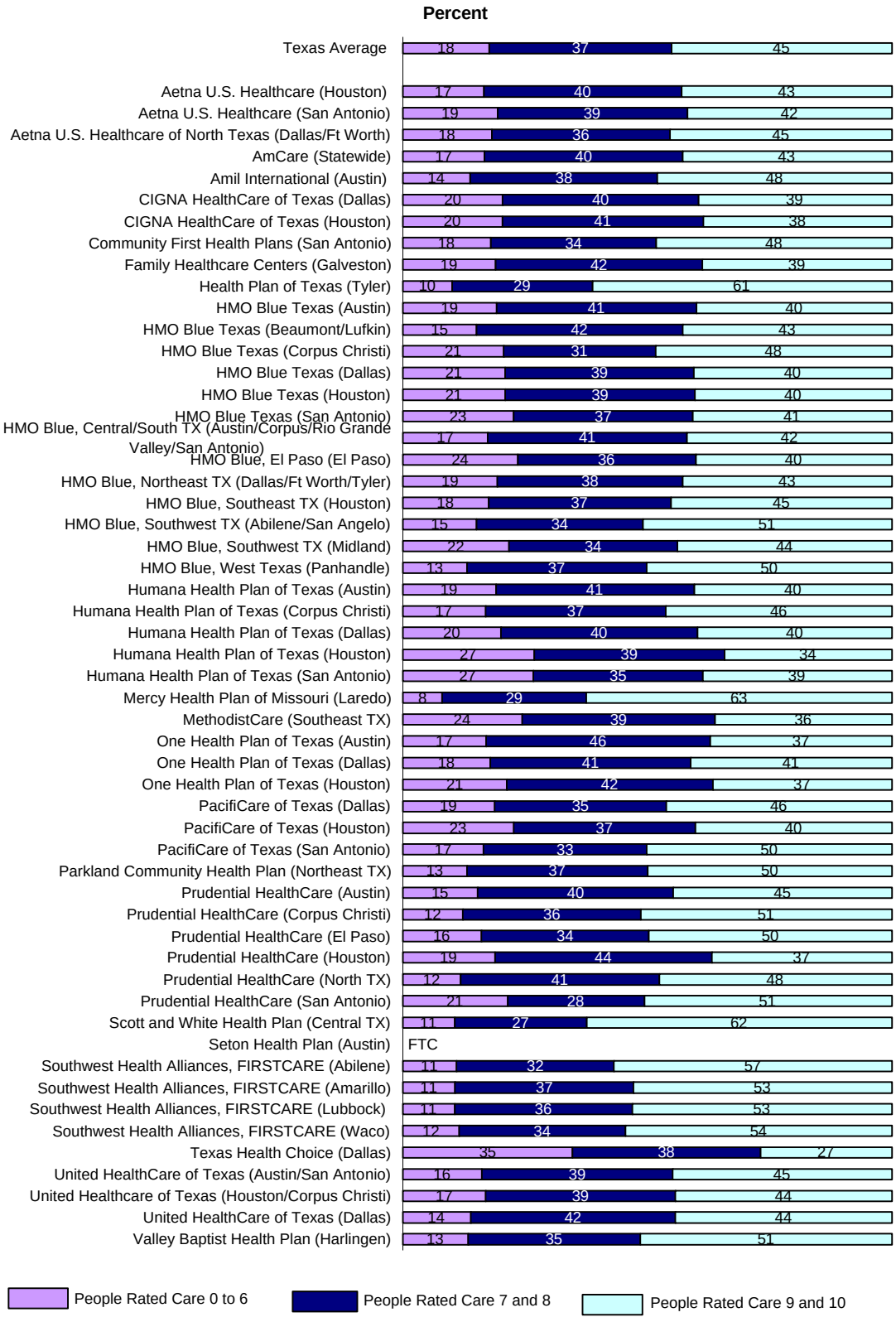
The bar chart shows the result of the following survey question:

Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?

	Percent surveyed who rated their plan 6 or lower	Percent surveyed who rated their plan 7 or 8	Percent surveyed who rated their plan 9 or 10
1999 Texas Average	17%	38%	43%
2000 Texas Average	18%	37%	45%
2000 NCBD* Average	15%	38%	47%

* National CAHPS® Benchmarking Database (NCBD), developed and maintained by Agency for Healthcare Research and Quality (AHRQ), provides national benchmarks to facilitate comparisons. Nationwide more than 790 health plans participated in this project.
FTC: Failed to comply with reporting requirements.

How People Rated Their Health Care



How People Rated Their Doctors or Nurses

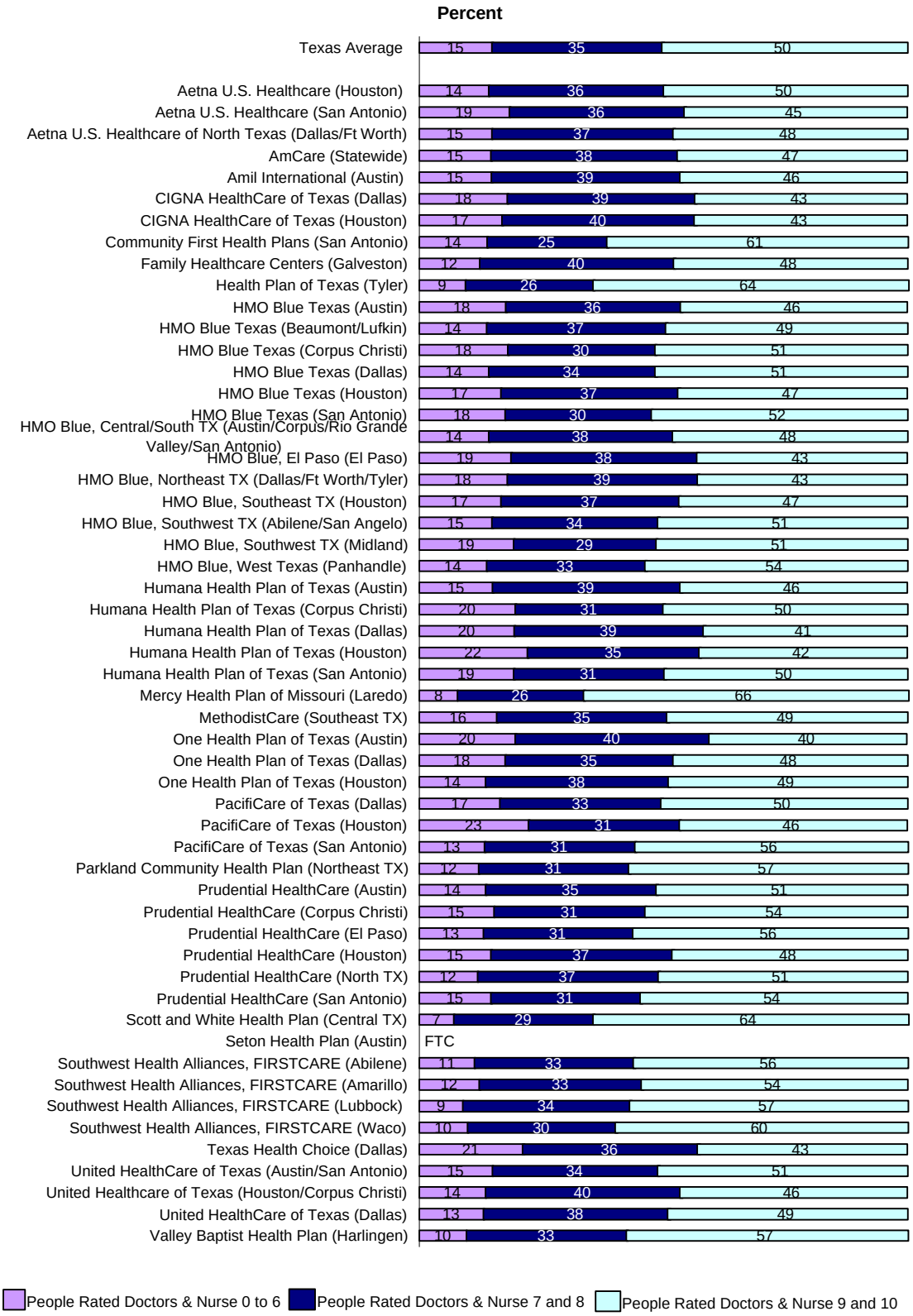
The bar chart shows the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best doctor or nurse possible. How would you rate your personal doctor or nurse?

	Percent surveyed who rated their plan 6 or lower	Percent surveyed who rated their plan 7 or 8	Percent surveyed who rated their plan 9 or 10
1999 Texas Average	16%	35%	49%
2000 Texas Average	15%	35%	50%
2000 NCBD* Average	14%	36%	50%

* National CAHPS® Benchmarking Database (NCBD), developed and maintained by Agency for Healthcare Research and Quality (AHRQ), provides national benchmarks to facilitate comparisons. Nationwide more than 790 health plans participated in this project.
FTC: Failed to comply with reporting requirements.

How People Rated Their Doctors and Nurses



How People Rated Their Specialists

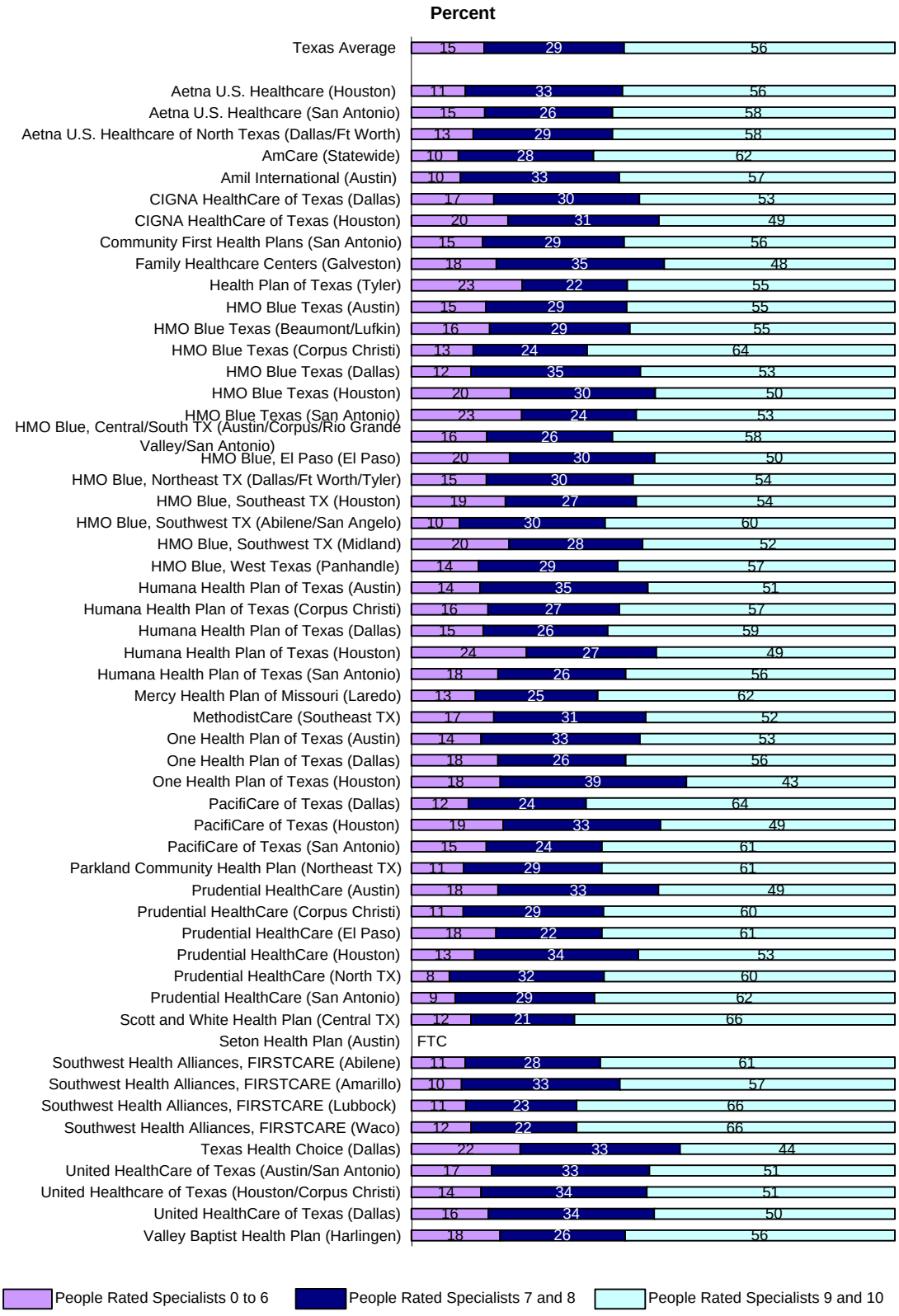
The bar chart shows the results of the following survey question:

Use any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate the specialist?

	Percent surveyed who rated their plan 6 or lower	Percent surveyed who rated their plan 7 or 8	Percent surveyed who rated their plan 9 or 10
1999 Texas Average	15%	30%	55%
2000 Texas Average	15%	29%	56%
2000 NCBD* Average	15%	30%	55%

* National CAHPS® Benchmarking Database (NCBD), developed and maintained by Agency for Healthcare Research and Quality (AHRQ), provides national benchmarks to facilitate comparisons. Nationwide more than 790 health plans participated in this project.
FTC: Failed to comply with reporting requirements.

How People Rated Their Specialist



Getting Needed Care

The bar chart shows the composite results of the following survey questions:

With the choice your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

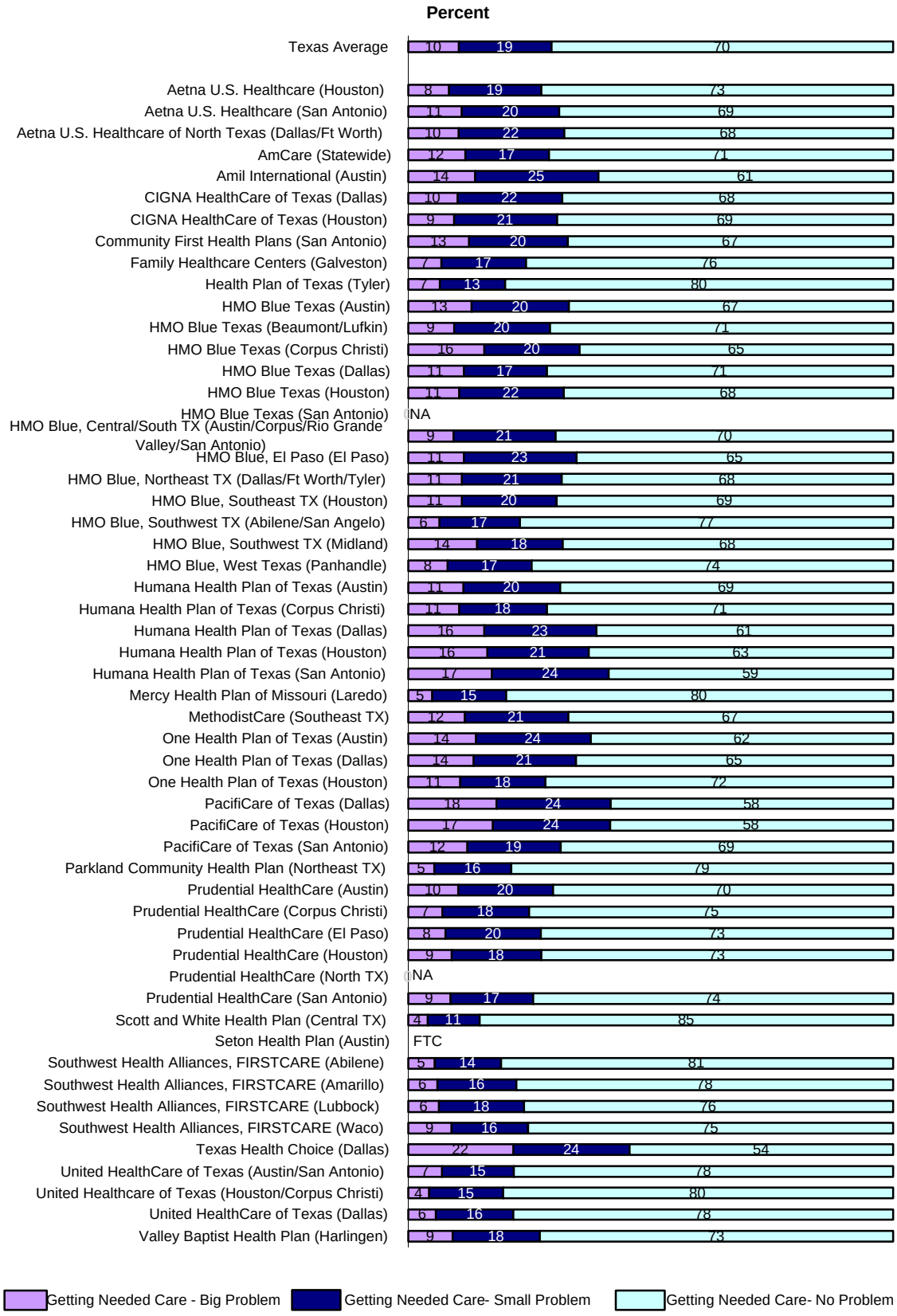
In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

Texas Average

Measurement Year	Percent surveyed who responded- Getting Care is Big Problem	Percent surveyed who responded- Getting Care is Small Problem	Percent surveyed who responded- Getting Care is No Problem
1999	12%	20%	67%
2000	11%	19%	70%

FTC: Failed to comply with reporting requirements.
NA: HMOs with fewer than 100 responses for this measure are not reported.

Getting Needed Care



Getting Care Quickly

The bar chart shows the composite results of the following survey questions:

In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

In the last 12 months, how often did you get an appointment for regular or routine health care as a soon as you wanted?

In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

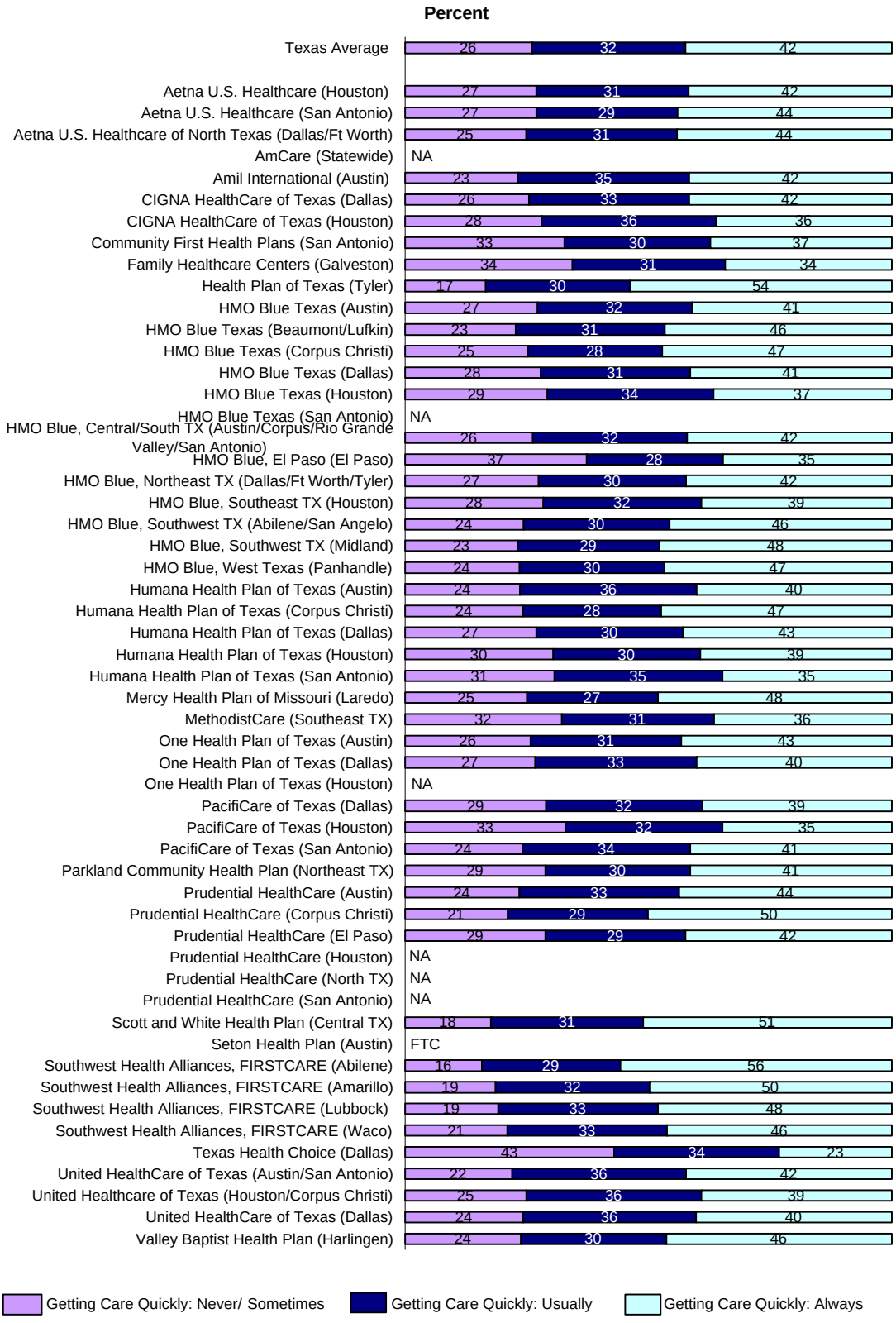
In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?

Texas Average

Measurement Year	Percent responded- Sometimes or Never Got Care Without Wait	Percent responded- Usually Got Care Without Wait	Percent responded- Always Got Care Without Wait
1999	26%	32%	42%
2000	26%	32%	42%

FTC: Failed to comply with reporting requirements.
NA: HMOs with fewer than 100 responses for this measure are not reported.

Getting Care Quickly



How Well Doctors Communicate

The bar chart shows the composite results of the following survey questions:

In the last 12 months, how often did doctors or other health providers listen carefully to you?

In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

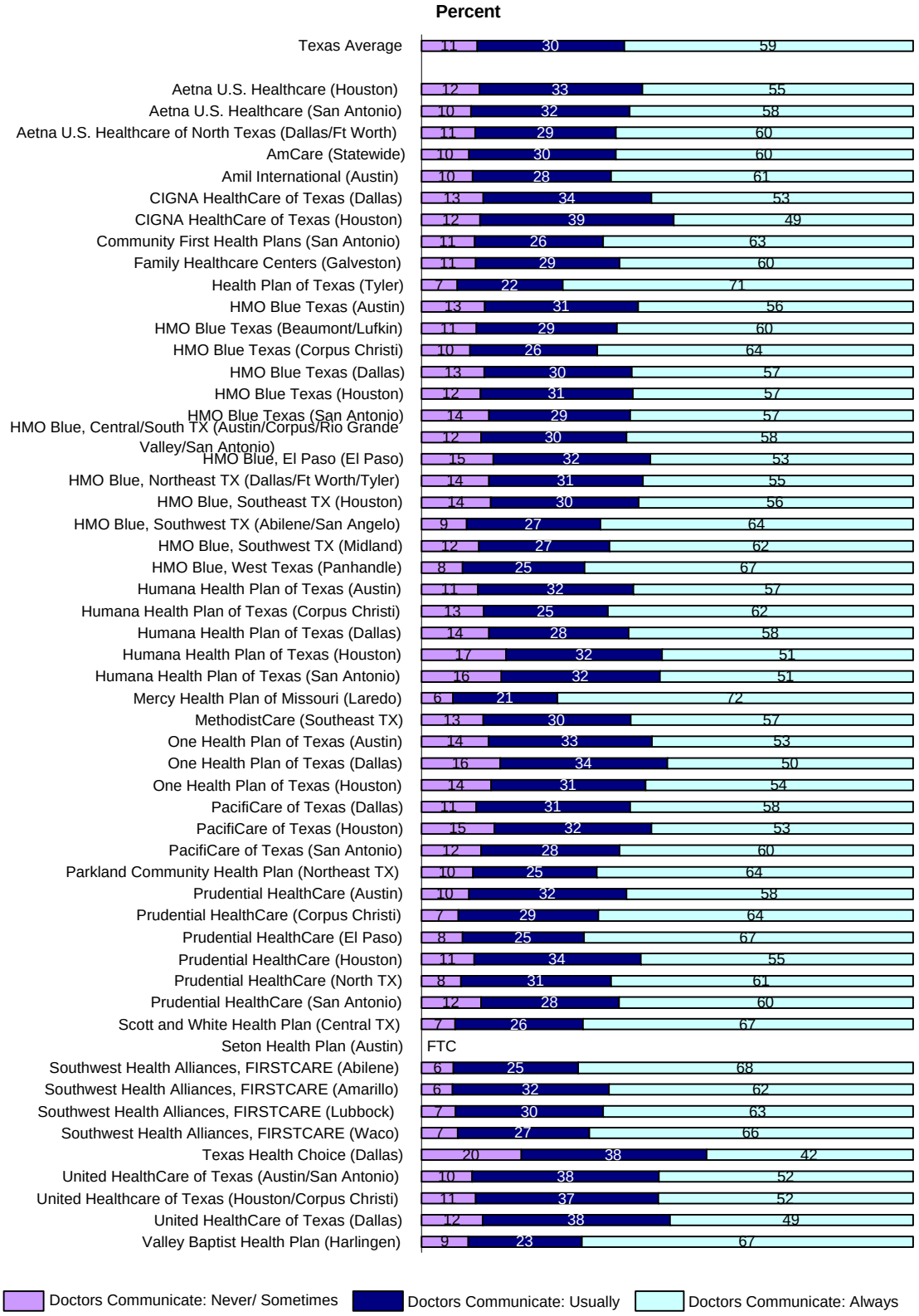
In the last 12 months, how often did doctors or other health providers spend enough time with you?

Texas Average

Measurement Year	Percent responded- Doctors Sometimes or Never Communicated Well	Percent responded- Doctors Usually Communicated Well	Percent responded- Doctors Always Communicated Well
1999	12%	30%	58%
2000	11%	30%	59%

FTC: Failed to comply with reporting requirements.
NA: HMOs with fewer than 100 responses for this measure are not reported.

How Well Doctors Communicate



Courteous and Helpful Office Staff

The chart shows show the composite results of the following survey questions:

In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

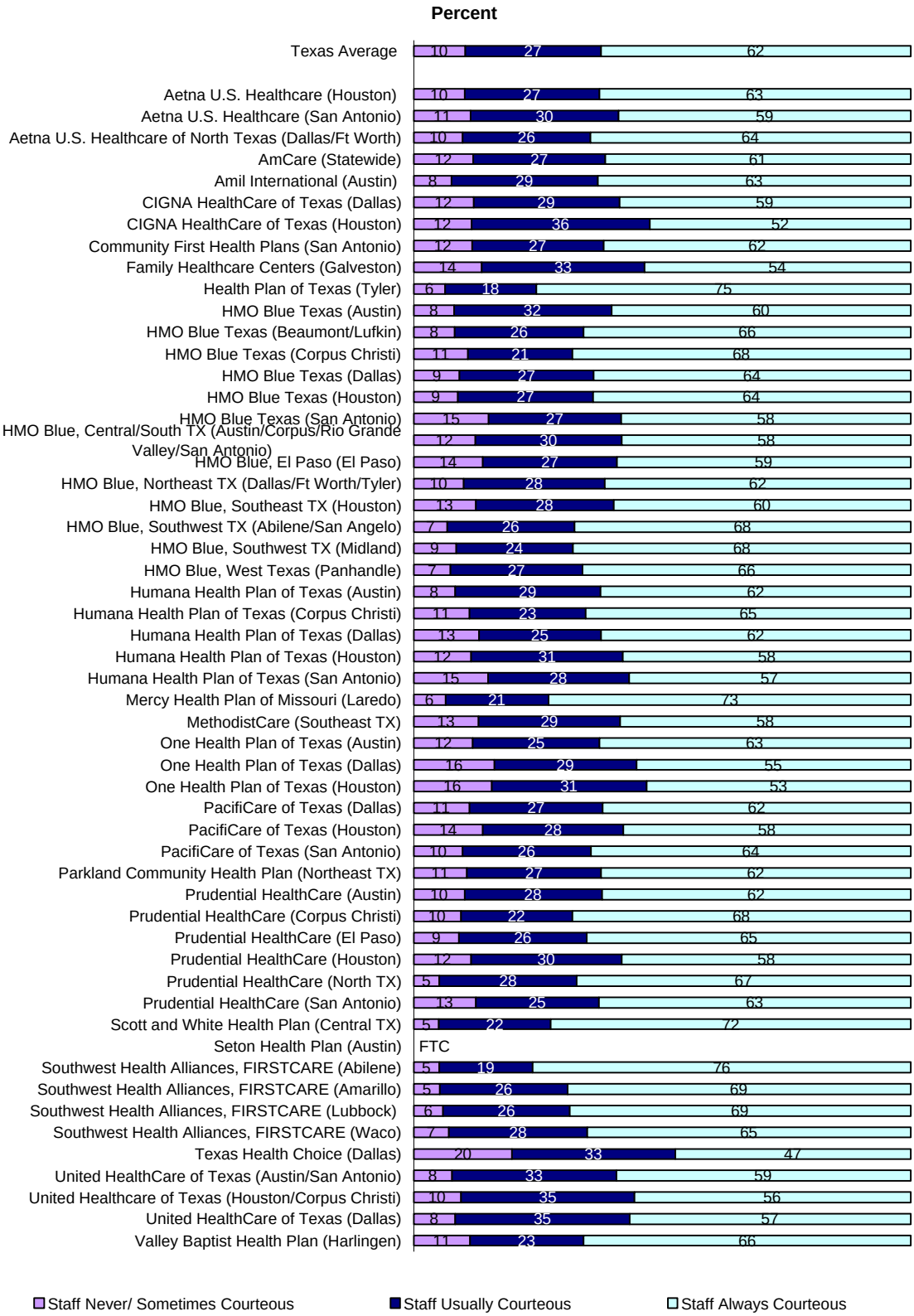
In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

Texas Average

Measurement Year	Percent responded- Staff Never or Sometimes Courteous	Percent responded- Usually Courteous	Percent responded- Staff Always
1999	10%	27%	63%
2000	11%	27%	62%

FTC: Failed to comply with reporting requirements.

Courteous and Helpful Staff



Customer Service

The bar chart shows the composite results of the following survey questions:

In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

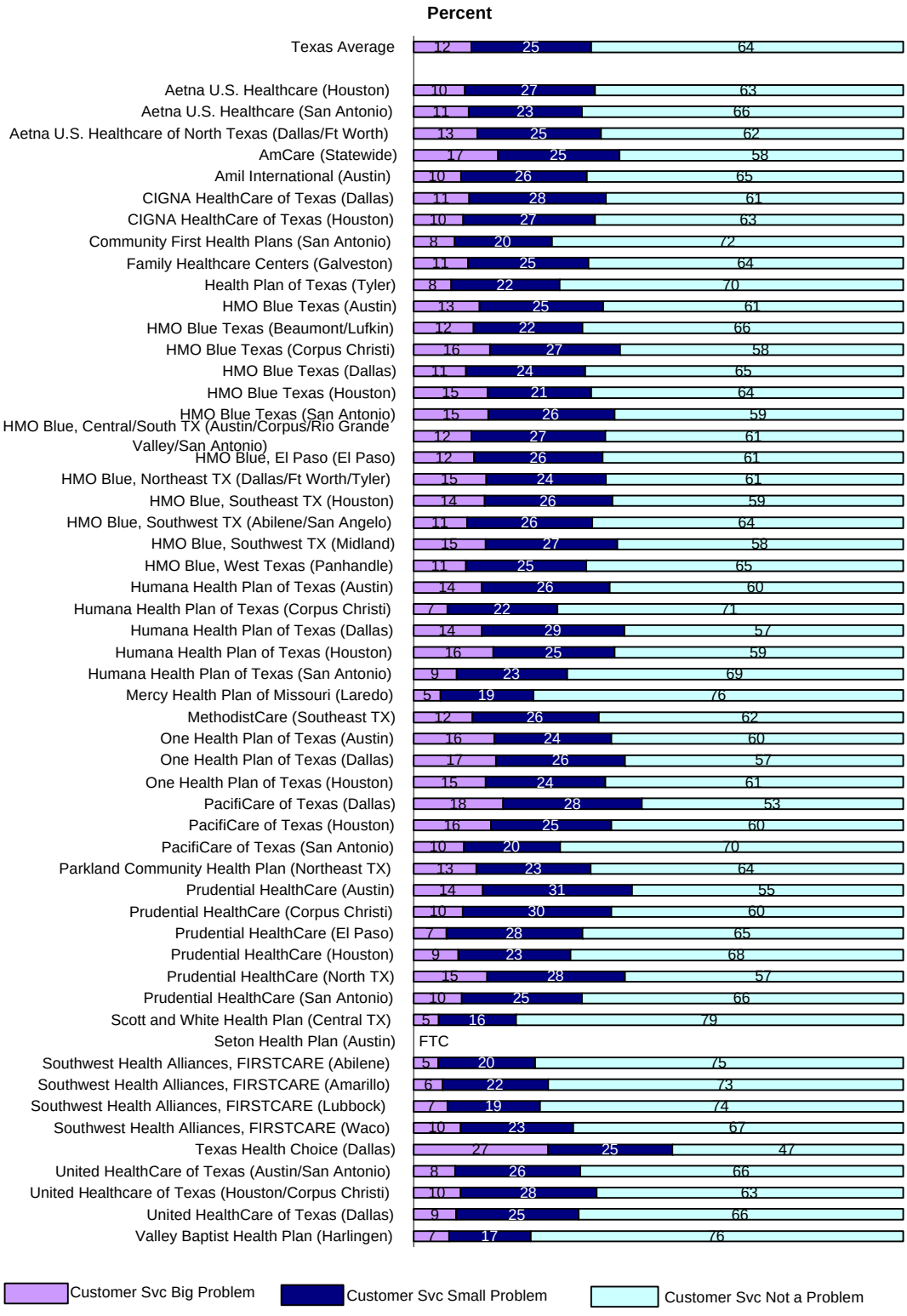
In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

Texas Average

Measurement Year	Percent responded- Customer Service is a Big Problem	Percent responded- Customer Service is a Small Problem	Percent responded- Customer Service is Not a Problem
1999	14%	25%	62%
2000	12%	25%	64%

FTC: Failed to comply with reporting requirements.

How People Rated Customer Service



Claims Processing

The bar chart shows the results of the following survey questions:

In the last 12 months, how often did your health plan handle your claims in a reasonable time?

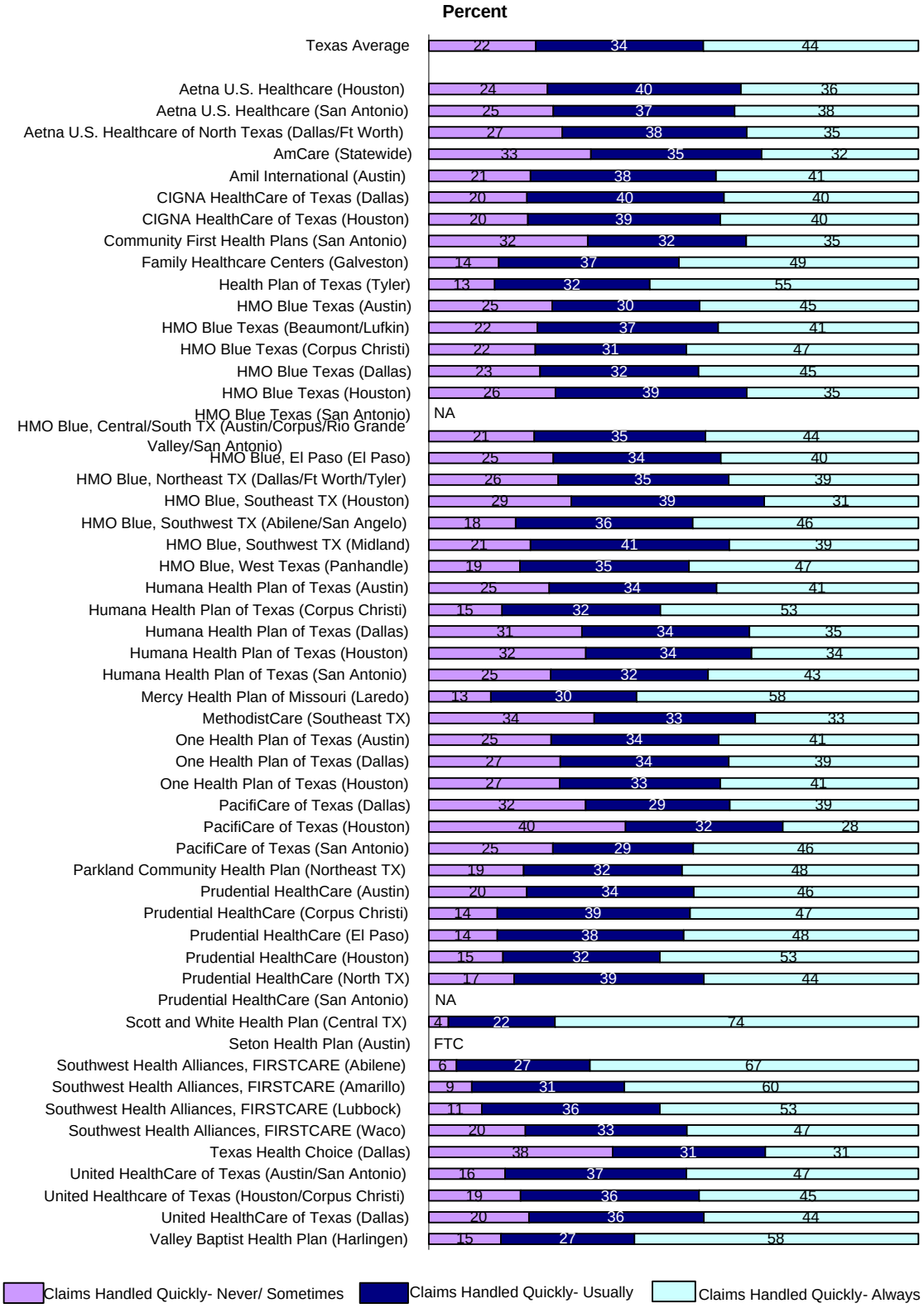
In the last 12 months, how often did your health plan handle your claims correctly?

Texas Average

Measurement Year	Percent responded- Claims Handled Quickly Sometimes or Never	Percent responded- Claims Handled Quickly Usually	Percent responded- Claims Handled Quickly Always
1999	26%	34%	41%
2000	22%	34%	44%

FTC: Failed to comply with reporting requirements.

How People Rated Claims Processing



Access / Availability of Care

The measures in this domain look at how members access important and basic services of their MCO. Access refers to the ability of members to get the services they require from a health care system. Maintaining access to care requires more than making providers and services available. It involves the identification and systematic removal of barriers to care.

This section presents Access/Availability of Care information for the following measures:

Timeliness of Prenatal Care
Postpartum Care

The first component looks at how well a HMO provides timely prenatal care to pregnant women. It estimates the percentage of pregnant women in the health plan who began prenatal care during the first 13 weeks of pregnancy.

The concept of prenatal care is a prototype of preventive medicine. Healthy diet, counseling, vitamin supplementation, identification of maternal risk factor and health promotion all need to occur early in pregnancy to have maximum impact on outcomes.

The second component of this measure looks at the care rendered to women after they have delivered a baby. The eight weeks after giving birth are a period of physical, emotional and social changes for the mother during a time when she is also adjusting to caring for her newborn.

Timeliness of Prenatal Care

Definition: The percentage of women using the HMO who delivered a live birth during the year and had a prenatal visit in the first trimester of pregnancy.

Early and regular prenatal care increases the likelihood that a woman will deliver a healthy, full-term baby because it allows doctors to identify and treat problems before they threaten the health of either the mother or the baby. The *Healthy People 2010* goal is for 90% of all pregnant women to receive a prenatal exam in the first trimester of pregnancy. Early prenatal screening identifies high-risk women, resulting in appropriate intervention and treatment. Conversely, a lack of prenatal care is strongly associated with low birth weight or premature delivery, which in turn may contribute to both maternal and fetal complications.

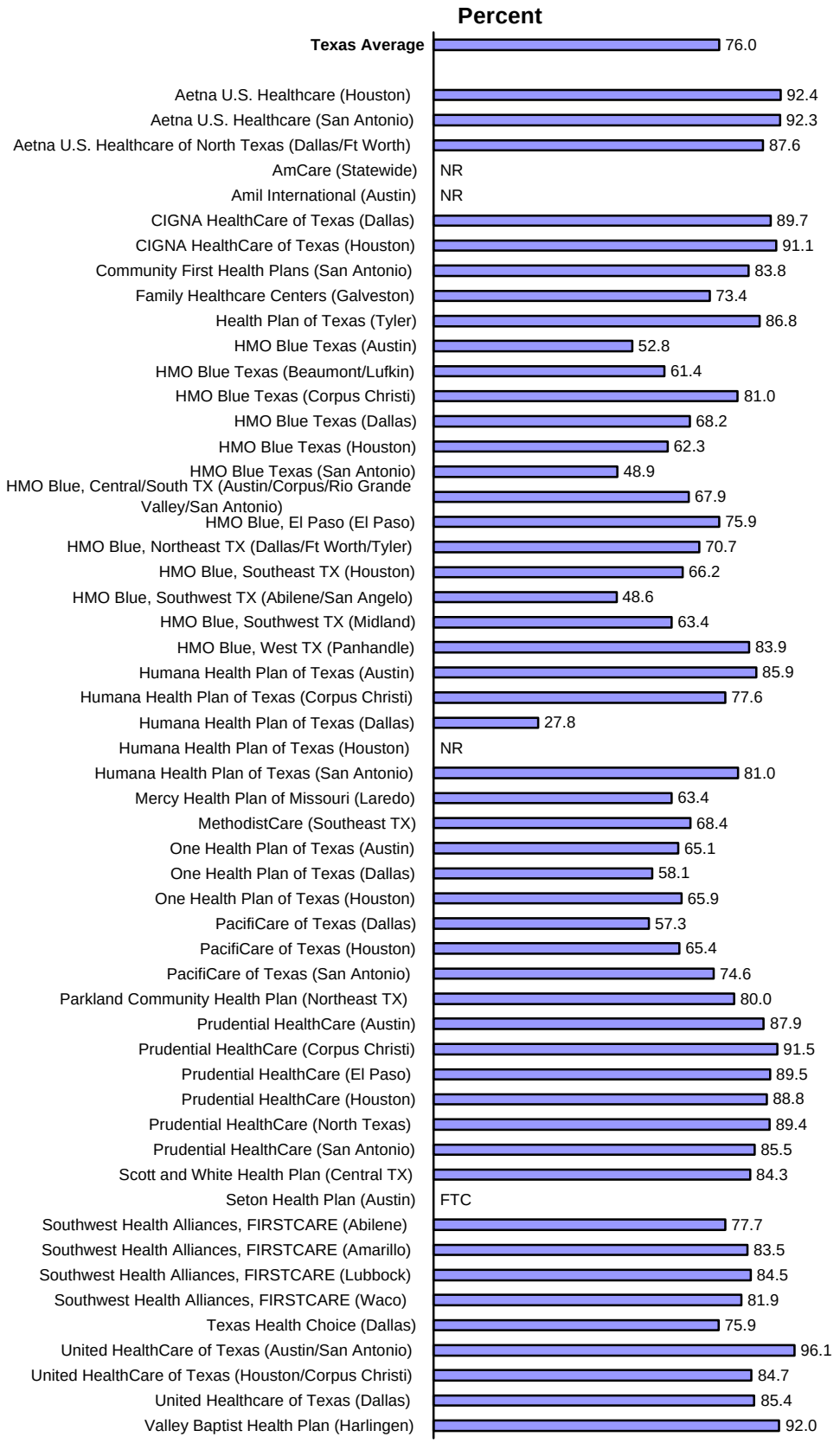
The bar chart on the next page shows the percentage of women using the HMO who received their first prenatal care visit during the first three months of pregnancy.

	1997	1998	1999	2000
Texas Average	78.9%	80.5%	79.7%	75.9%
Quality Compass®	83.1%	83.6%	85.1%	80.5%

Healthy People 2010 Goal**: 90%

*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor
FTC: Failed to comply with reporting requirements.

Timeliness of Prenatal Care



Postpartum Care

Definition: The percentage of women using the HMO who delivered a live birth during the year and received a postpartum check-up between 21 days and 56 days after delivery.

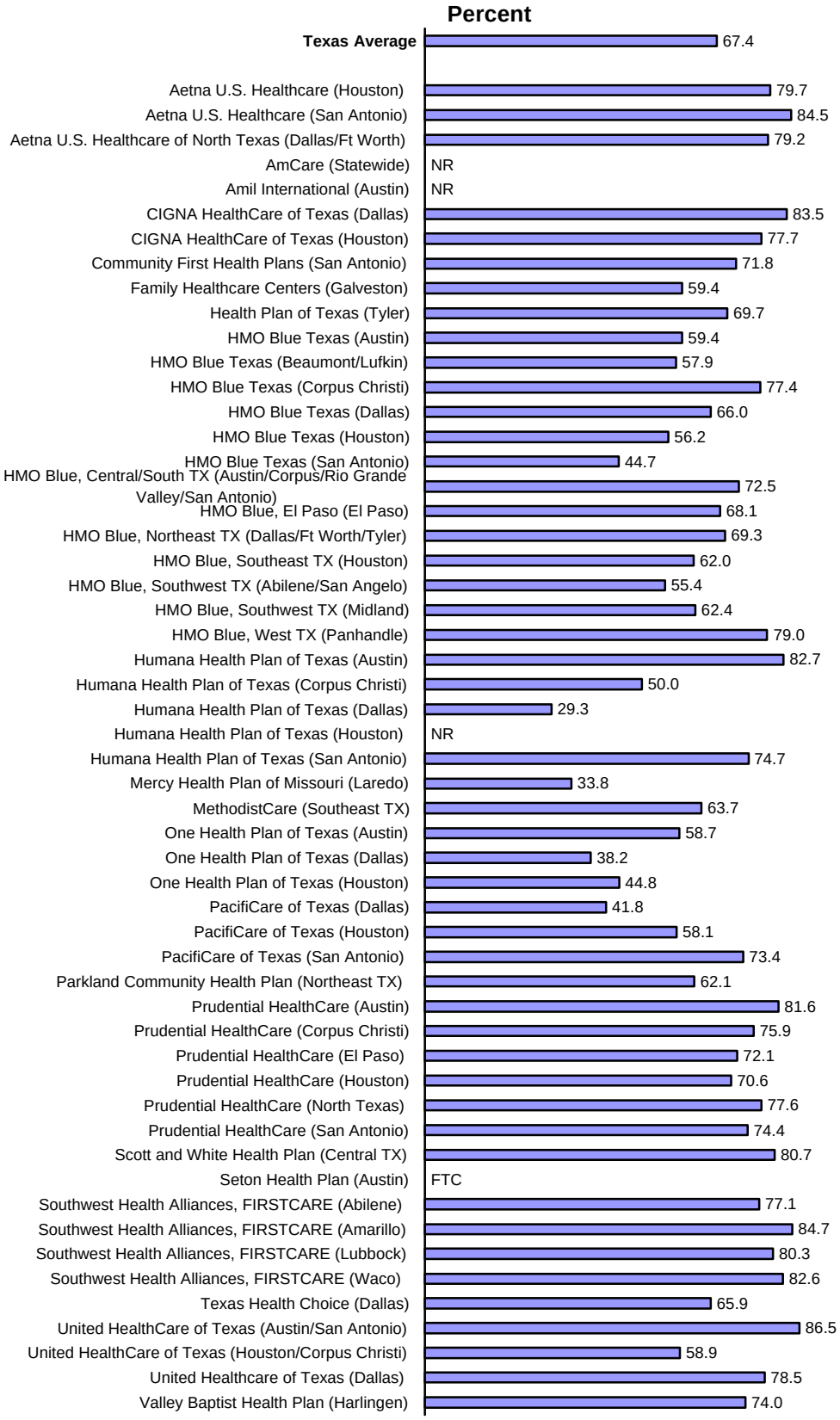
The month and a half immediately following birth is a period of significant physical, emotional, and social change for a mother. The American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 to 6 weeks after delivery so a physician can evaluate the patient's health status, answer questions, and offer advice and assistance to the new mother.

The bar chart on the next page shows the percentage of women using the HMO with a live birth who received a postpartum check-up after delivery.

	1997	1998	1999	2000
Texas Average	59.2%	59.9%	60.7%	67.4%
Quality Compass®	66.2%	70.1%	72.3%	72.1%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor
FTC: Failed to comply with reporting requirements.

Postpartum Care



Health Plan Stability

When selecting health care coverage, it is important to know that the company you are considering is stable so you have a sense of whether it will be able to serve your needs as long as you are a member. Changes in a managed care organization's physicians or financing could potentially affect its ability to deliver high quality care and service. The past performance of a managed care organization is a good predictor of future performance only if a plan's health care delivery systems are stable.

This section presents Health Plan Stability Information for the following measure:

Practitioner Turnover

However, information on some more health plan stability measures like, total years in business and total membership, are provided in the concluding section of this report (page 152).

Practitioner Turnover: Primary Care Physicians

Definition: The percentage of primary care practitioners (primary care physicians) who were affiliated with a plan as of December 31, 1999 and who were not affiliated with the plan as of December 31, 2000.

Keeping the same primary care provider over time can increase the effectiveness of the care members receive. Although a high percentage of practitioner turnover for an HMO may be due to the plan ending contracts with providers who are not meeting its standards, it may also indicate a problem with the plan itself.

If you are interested in a plan with a large provider turnover, you may wish to check the results from the customer satisfaction survey (pages 73-93) to see if there are problems, such as provider accessibility, which may affect your ability to obtain care.

Because practitioner turnover rates are influenced by numerous factors - both good and bad - potential plan members are encouraged to use this information as a guide for asking questions of the plan.

The bar chart on the next page shows the percentage of primary care practitioners in each HMO who left the plan during the year 2000.

	1997	1998	1999	2000
Texas Average	11.0%	10.7%	11.9%	13.1%
Quality Compass®	7.2%	7.6%	8.9%	10.0%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
Note - Lower rates are better for this measure.
NR - Plan failed to submit the required data or data not certified by an NCQA licensed auditor
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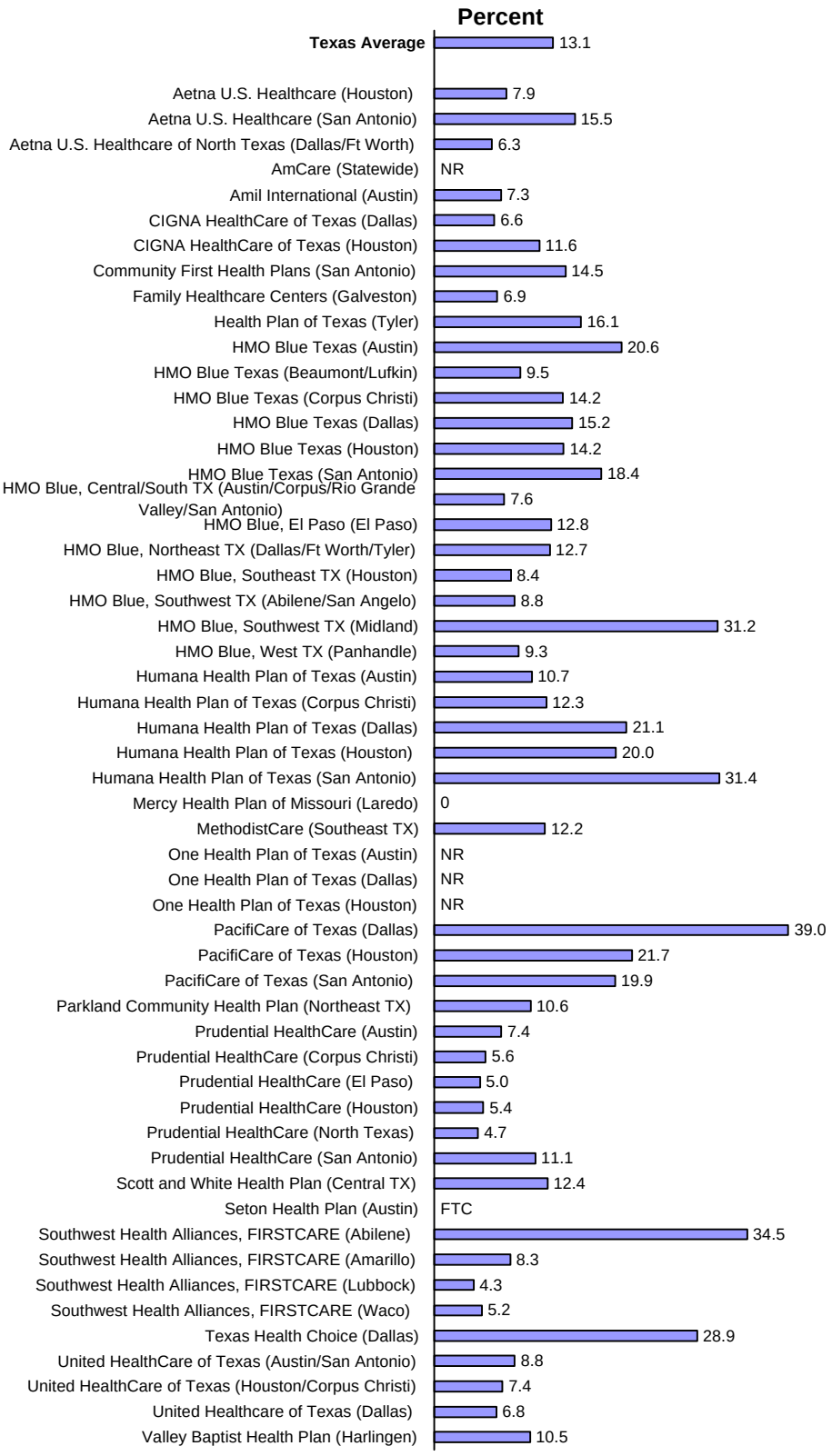
Practitioner Turnover: Primary Care Physicians



Note: For this measure lower rates indicate better performance.

Use of Services

Hospitals and health plans have become increasingly cost conscious in attempting to provide the most effective health care in the most efficient manner. Preventive treatment, outpatient procedures, and better management of care within a hospital setting, in many cases, reduce the need for hospital admissions or shorten the length of time patients spend in the hospital. The **Use of Services Domain** provides information on how HMOs allocate and manage health care resources. While some plans may be more aggressive than others in limiting resources, a patient's health, age, gender, socio-economic status, and preferences all influence the likelihood and length of a hospital stay and the types of services received during that stay.

The average length of stay has become a standard measure to compare hospitals and is a proxy for resource utilization. Longer stays are associated with higher costs to both the patient and the hospital. Further, the longer a patient remains in the hospital, the greater the risk for developing complications or infections acquired in the hospital. Conversely, a shorter stay for some conditions may indicate that the patient did not receive adequate care or that care was based more on financial than medical considerations. Recent concerns have raised the question of whether some hospital stays are too short, such as for obstetrical or mastectomy patients.

The following section is divided into parts:

Well Child Visits in the First 15 Months of Life.
Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.
Inpatient Utilization -
General Hospital/Acute Care including discharges per 1,000 members per year and average length of stay for medicine, surgery, maternity, and total inpatient discharges.
Ambulatory Care including outpatient visits, emergency room visits, ambulatory surgery/procedures, and observation room stays per 1,000 members per year.
Cesarean Section Rate including average length of stay.
Births and Average Length of Stay, Newborns.
Mental Health Utilization - Inpatient Discharges and Average Length of Stay.
Chemical Dependency Utilization- Inpatient Discharges and Length of Stay.

Well-Child Visits in the First 15 Months of Life: Six or More Visits

Definition: The percentage of children using the HMO who turned 15 months old during 1999 and received six or more well-child visits during those 15 months.

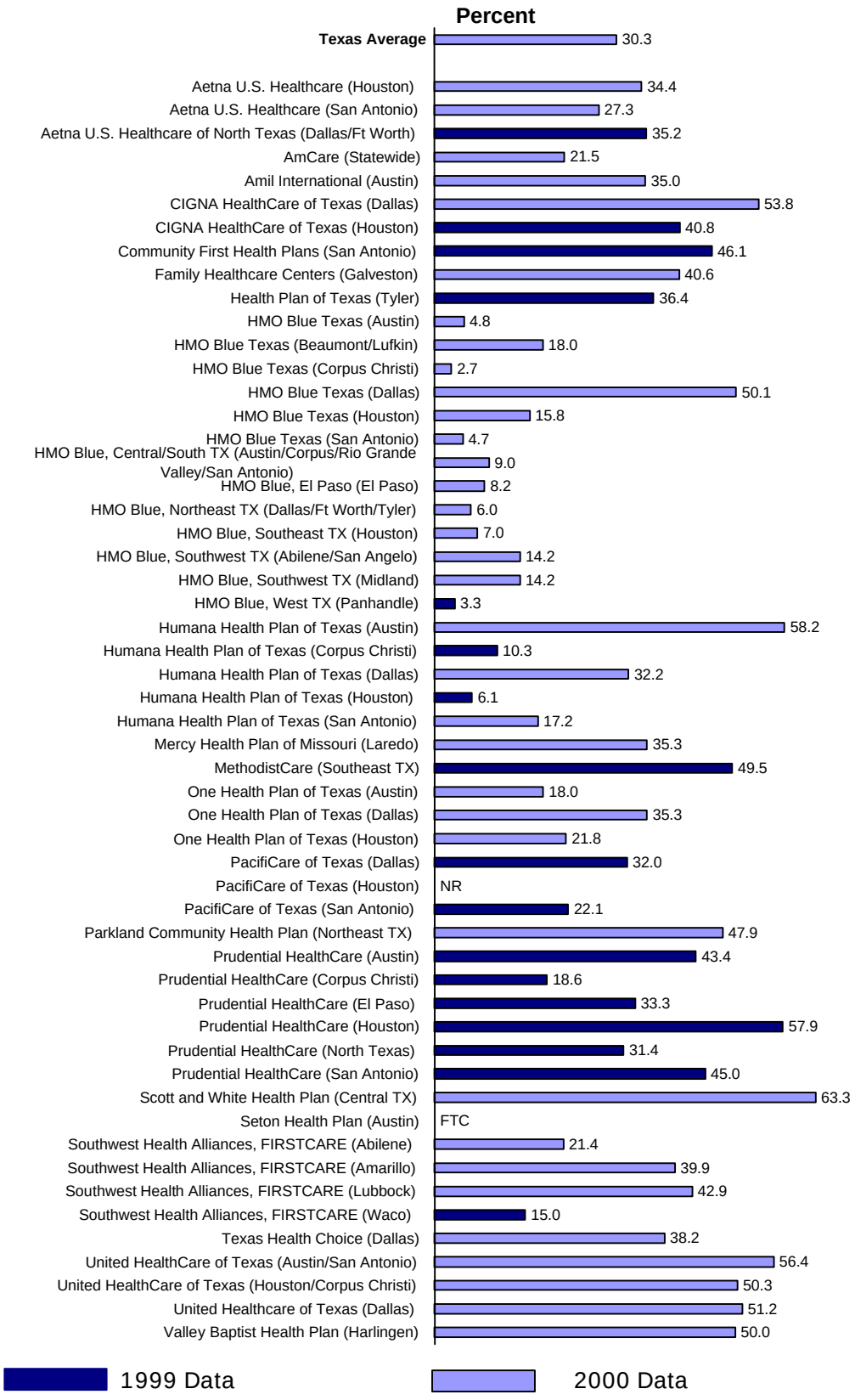
Regular check-ups are one of the best ways to be sure that potential health problems are detected and treated early. These well-child check-ups also provide opportunities for parents and doctors to discuss concerns about the child's health and development. The American Academy of Pediatrics recommends that children have six well-child visits by the age of one.

The bar chart on the next page shows the percentage of children in each HMO who received six or more well-child visits by 15 months of age.

	1997	1998	1999	2000
Texas Average	33.9%	26.6%	26.8%	30.3%
Quality Compass®	51.9%	50.5%	50.7%	52.4%

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.
FTC: Failed to comply with reporting requirements.

Well-Child Visits in First 15 Months of Life



Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Definition: The percentage of children using the HMO between three and six years of age during 2000 that received one or more well-child visit(s) with a primary care practitioner during the year.

Regular check-ups during preschool and early elementary school years are primarily focused on detecting vision, speech, and language problems early. Difficulty in these areas can result in developmental and learning problems throughout childhood. The American Academy of Pediatrics recommends annual well-child visits for two to six year olds.

The bar chart on the next page shows the percentage of three, four, five, or six year olds in each HMO who had at least one well-child visit with a primary care practitioner during the year.

	1997	1998	1999	2000
Texas Average	*	*	30.8%	33.6%
Quality Compass®	54.7%	52.0%	51.3%	51.5%

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
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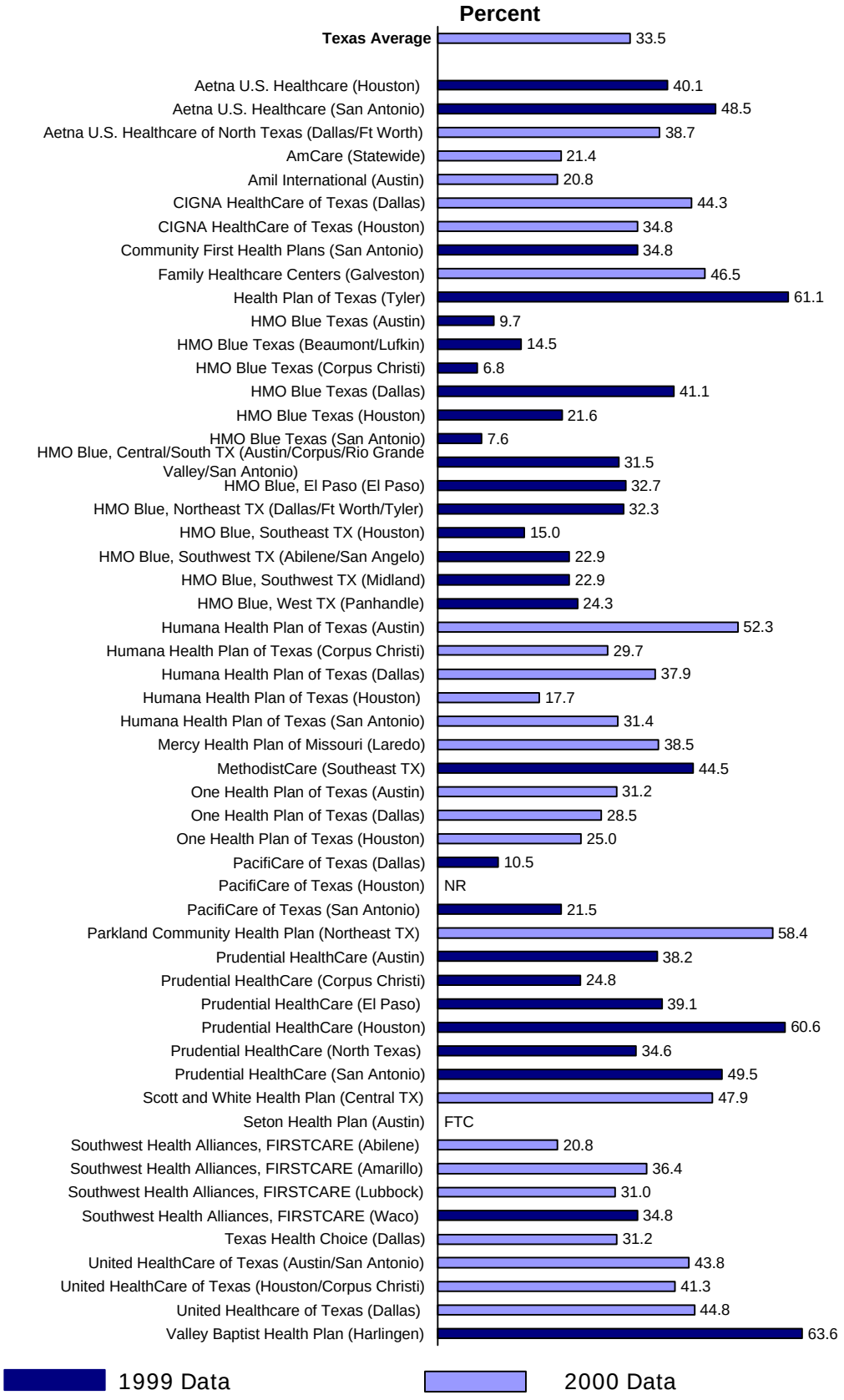
Well-Child Visits in Third-Sixth Years of Life



Inpatient Utilization – General Hospital / Acute Care: Total

Definition: Discharges per 1,000 members per year and average length of stay for all inpatient acute care services.

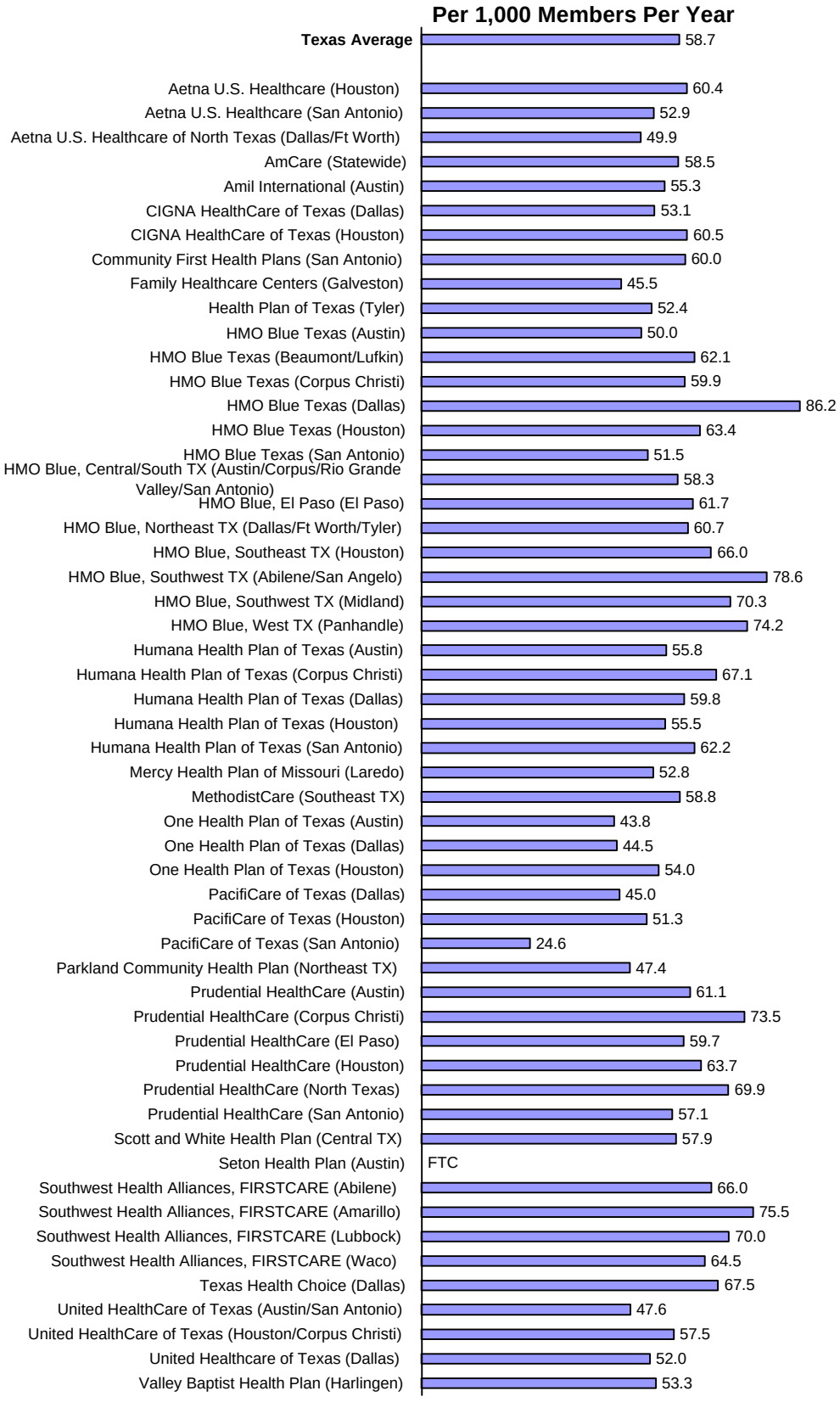
HMO members are hospitalized for a variety of reasons. Whether for a planned delivery, a corrective surgery, or a life-threatening emergency, hospitalization remains one of the largest contributors to overall health care costs. Total Inpatient Utilization estimates the extent that plan members receive inpatient hospital services for any reason other than non-acute care, mental health and chemical dependency, and newborn care.

The bar charts on the next two pages show 1) the total number of discharges per 1,000 members per year in each HMO and 2) the average length of stay for total inpatient utilization.

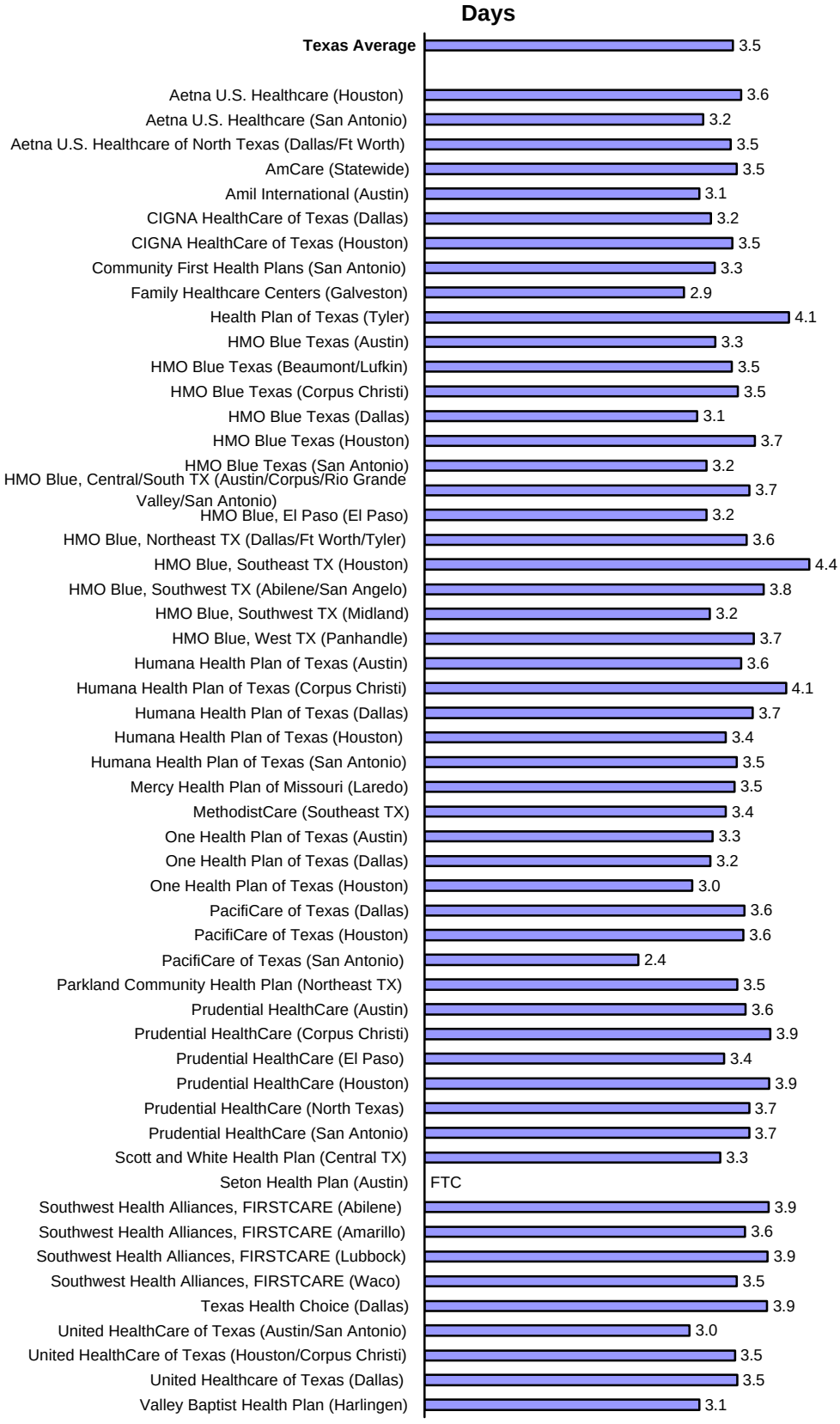
	1997		1998		1999		2000	
	Disch	ALOS	Disch	ALOS	Disch	ALOS	Disch	ALOS
Texas Average	55.6	3.6	56.3	3.6	60.3	3.5	58.7	3.5
Quality Compass®	*	*	*	*	52.4	3.6	54.8	3.6

Disch - Discharges per 1,000 members per year.
ALOS - Average length of stay in days.
* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.

Inpatient Utilization: Total Discharge



Inpatient Utilization: Total ALOS



Note: For this measure lower rates indicate better performance.

Inpatient Utilization - General Hospital / Acute Care: Medicine

Definition: Discharges per 1,000 members per year and average length of stay for medicine acute care services.

This measure reports the extent to which health plan members received inpatient hospital services for non-surgical medical treatment. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members and use of outpatient alternatives.

The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for general medical hospitalizations in each HMO.

	1997		1998		1999		2000	
	Disch	ALOS	Disch	ALOS	Disch	ALOS	Disch	ALOS
Texas Average	23.9	3.8	25.3	3.8	27.0	3.7	25.8	3.7
Quality Compass®	*	*	*	*	23.8	3.7	23.9	3.7

Disch - Discharges per 1,000 members per year.
ALOS - Average length of stay in days.
* Value not established or not obtained.
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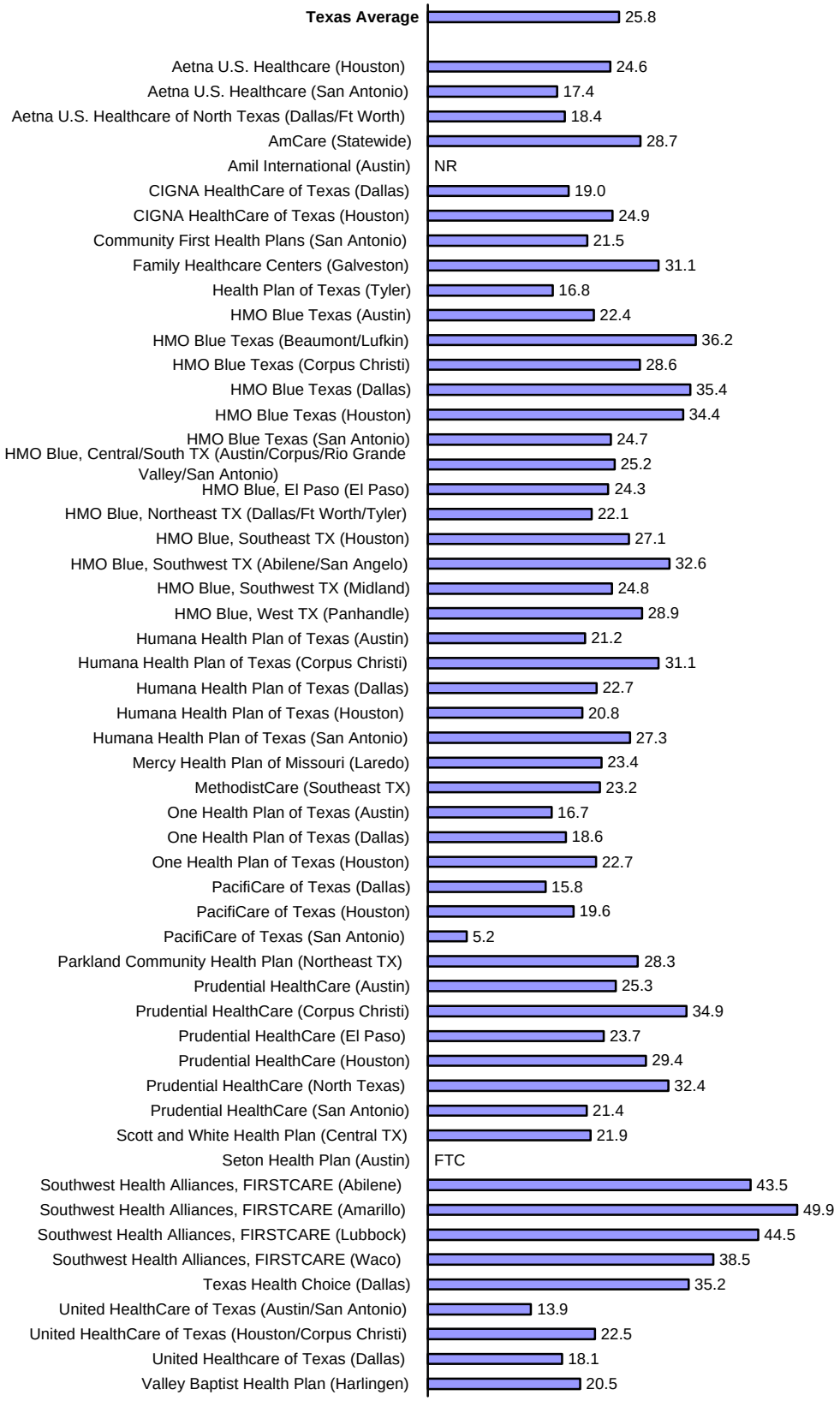
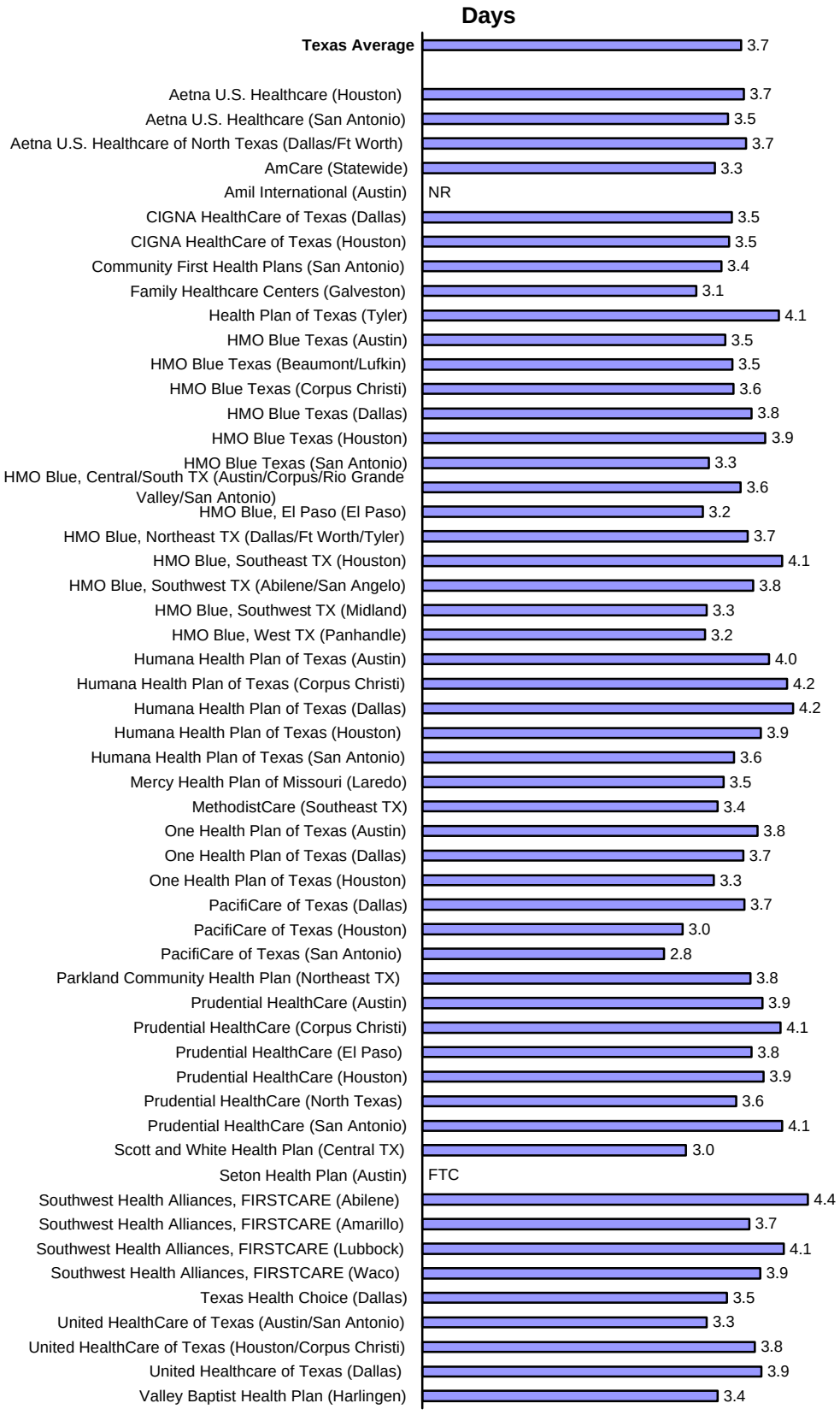
Inpatient Utilization: Medicine Discharges

Per 1,000 Members Per Year



Inpatient Utilization: Medicine ALOS



Note: For this measure lower rates indicate better performance.

Inpatient Utilization - General Hospital / Acute Care: Surgery

Definition: Discharges per 1,000 members per year, and average length of stay for all surgical acute care services.

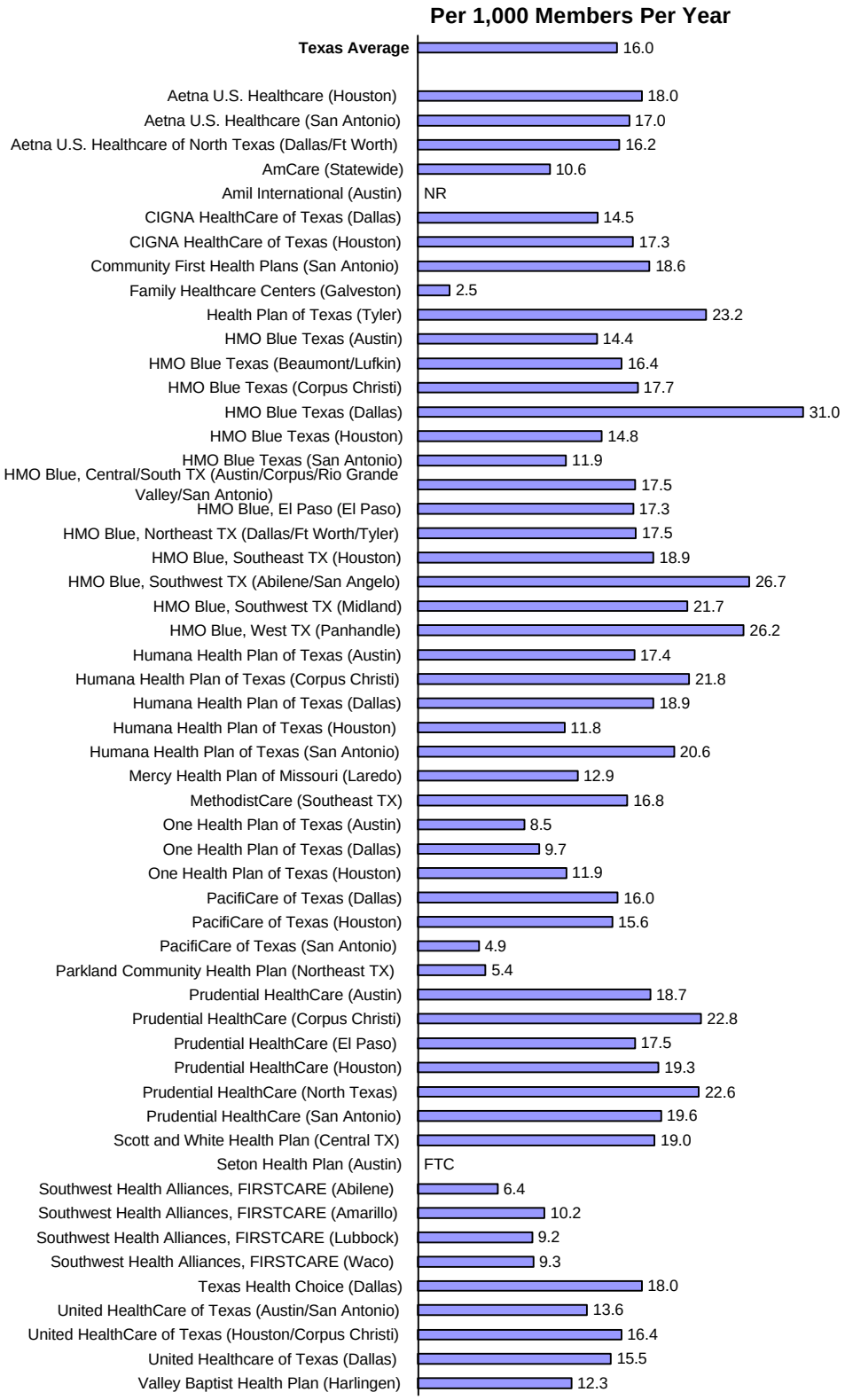
This measure reports the extent to which health plan members received surgical inpatient hospital services. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members and their use of outpatient alternatives.

The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for surgery related hospitalizations in each HMO.

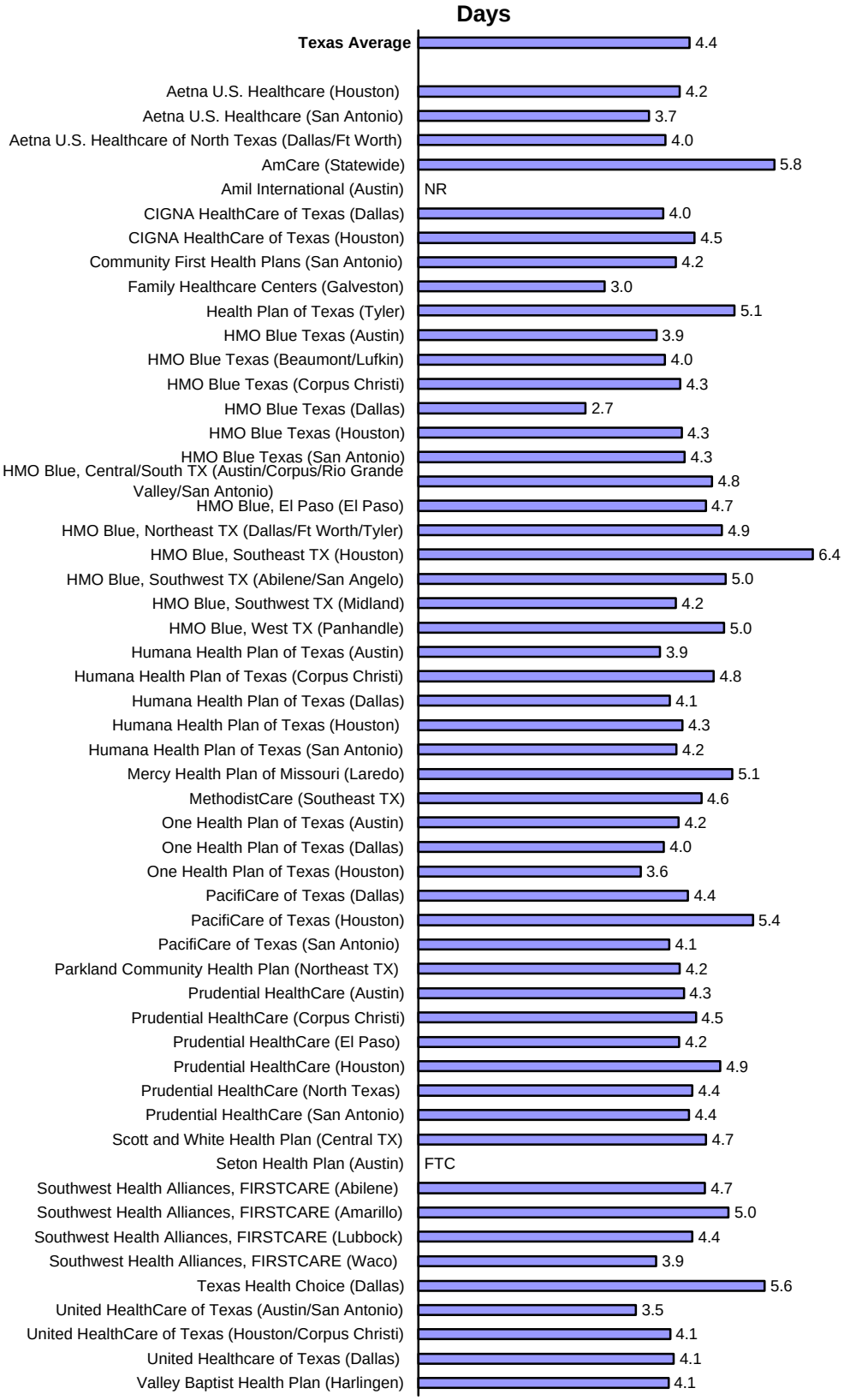
	1997		1998		1999		2000	
	Disch	ALOS	Disch	ALOS	Disch	ALOS	Disch	ALOS
Texas Average	16.5	4.4	14.8	4.5	16.9	4.2	16.0	4.4
Quality Compass®	*	*	*	*	15.4	4.4	15.8	4.4

Disch - Discharges per 1,000 members per year.
ALOS - Average length of stay in days.
* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

Inpatient Utilization: Surgery Discharges



Inpatient Utilization: Surgery ALOS



Note: For this measure lower rates indicate better performance.

Inpatient Utilization - General Hospital / Acute Care: Maternity

Definition: Discharges per 1,000 members per year, and average length of stay for maternity acute care services.

This measure reports the extent to which health plan members received inpatient hospital services for maternity related services. When interpreting this information, it is important to remember that these results are not risk-adjusted for demographic characteristics such as age of the mother.

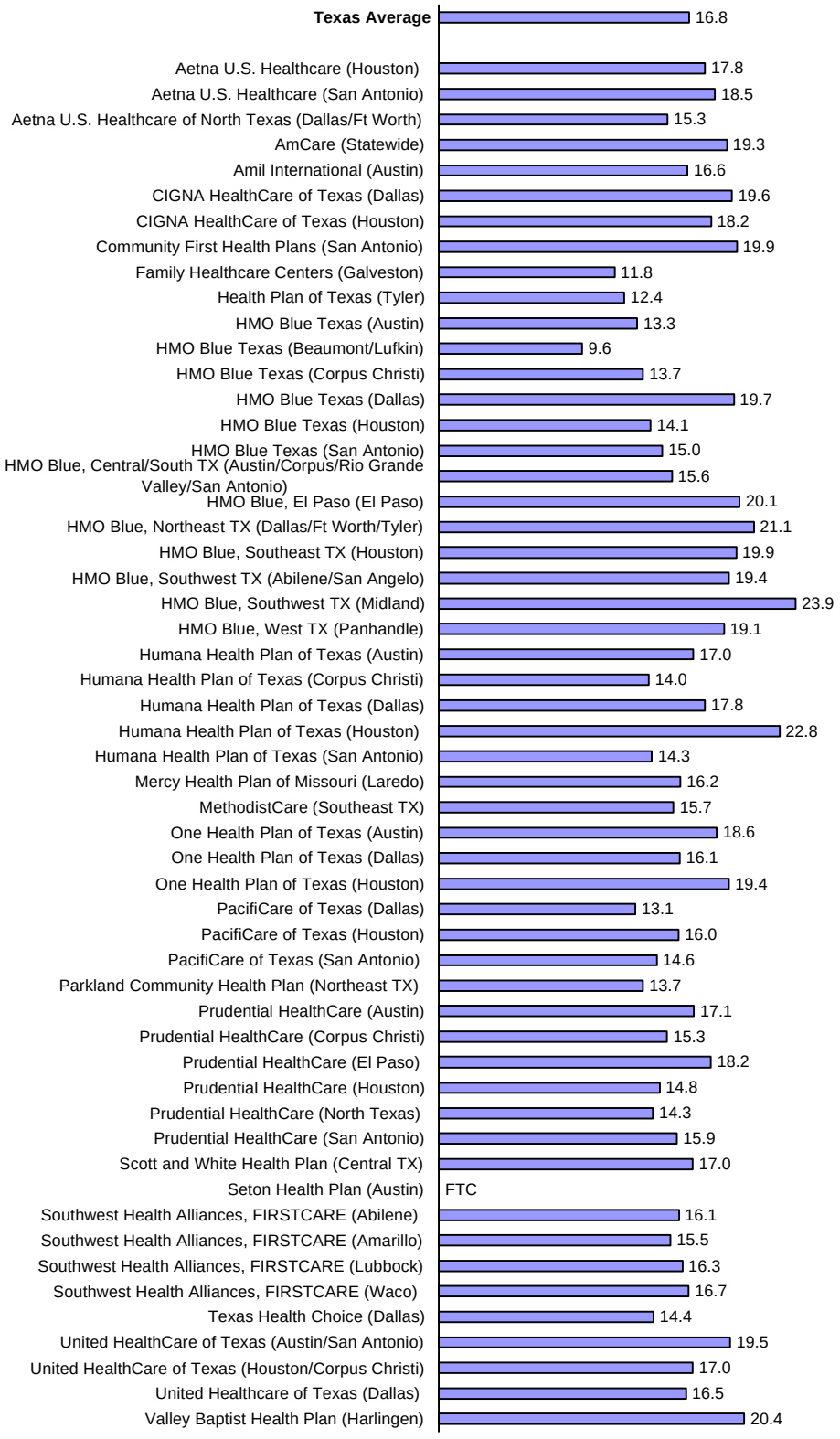
The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for maternity related hospitalizations in each HMO.

	1997		1998		1999		2000	
	Disch	ALOS	Disch	ALOS	Disch	ALOS	Disch	ALOS
Texas Average	167.4	2.4	15.9	2.6	16.1	2.5	16.8	2.5
Quality Compass®	*	*	*	*	14.2	2.5	15.0	2.5

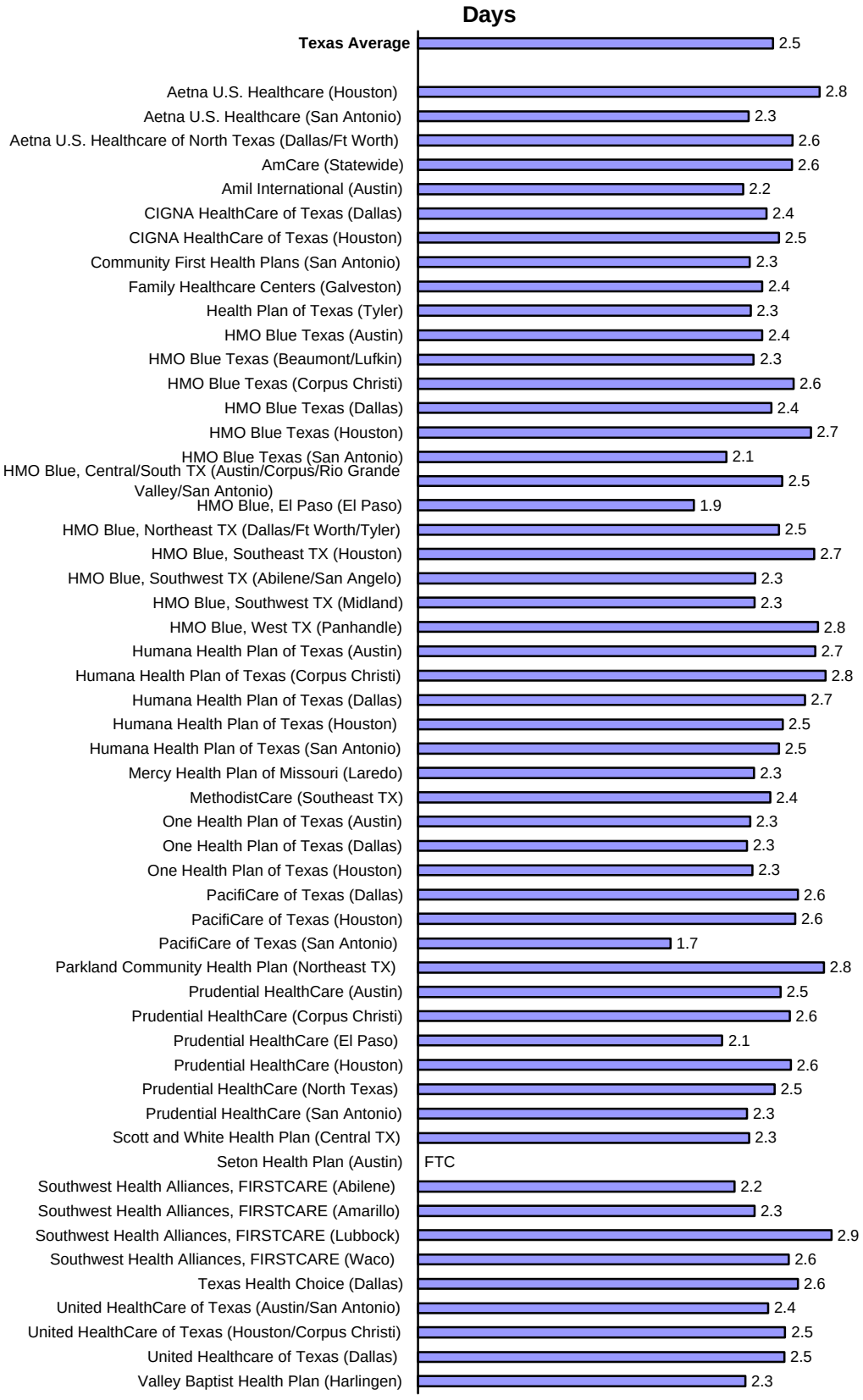
Disch - Discharges per 1,000 members per year.
ALOS - Average length of stay in days.
* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.

Inpatient Utilization: Maternity Discharges

Per 1,000 Members Per Year



Inpatient Utilization: Maternity ALOS



Note: For this measure lower rates indicate better performance.

Ambulatory Care

Definition: The number of ambulatory care services per 1,000 members per year. Ambulatory services are divided into the following categories: Outpatient Visits, Emergency Department Visits, Ambulatory Surgery/Procedures performed in hospital outpatient facilities or freestanding surgical centers, and Observatory Room Stays that result in discharge.

Ambulatory categories are further defined below.
Outpatient Visits: This category reports face-to-face encounters between the practitioner and patient for office visits or routine visits to hospital outpatient departments. It provides a reasonable proxy for professional ambulatory encounters.

Emergency Room Visits: This category reports the use of emergency room services which are sometimes be used as a substitute for ambulatory clinic encounters. The decision to use an emergency room rather than a clinic or physician's office may be the result of insufficient access to primary care, rather than a patient's behavior. However emergency room visits are often more costly than outpatient visits. Therefore, it is important to note unusual trends in emergency room utilization.

Ambulatory Surgery/Procedures: This category reports only ambulatory surgery/procedures performed at a hospital outpatient facility or at a freestanding surgical center. Office-based surgeries/procedures are not included in this measure but are reported under **Outpatient Visits**.

Observation Room Stays: This category reports observation room stays resulting in discharge of the patient. The observation room is generally part of the outpatient department of a hospital where patients stay for observation until the physician can determine whether inpatient admission is necessary.

	1997		1998		1999		2000	
	Texas	National	Texas	National	Texas	National	Texas	National
Outpatient Visits	*	3,202	2602	3078	2544	2895	2902	3084
ER Visits	*	133	162	137	165	158	177	163
Ambulatory Surg./Procedures	*	80	55	71	57	62	66	72
Observation Room Stays	*	*	10	*	8	6	12	9

* Value not established or not obtained.
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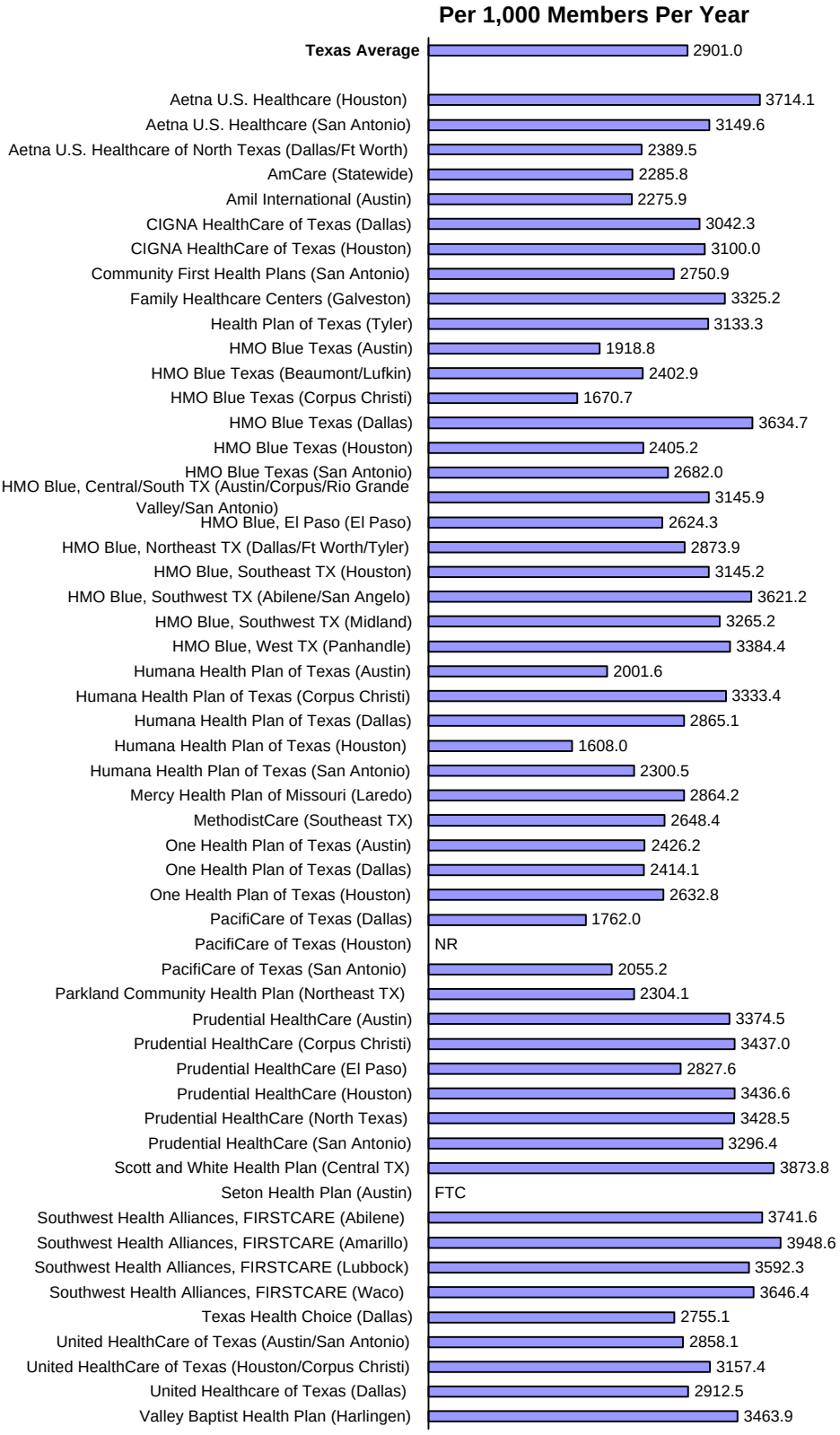
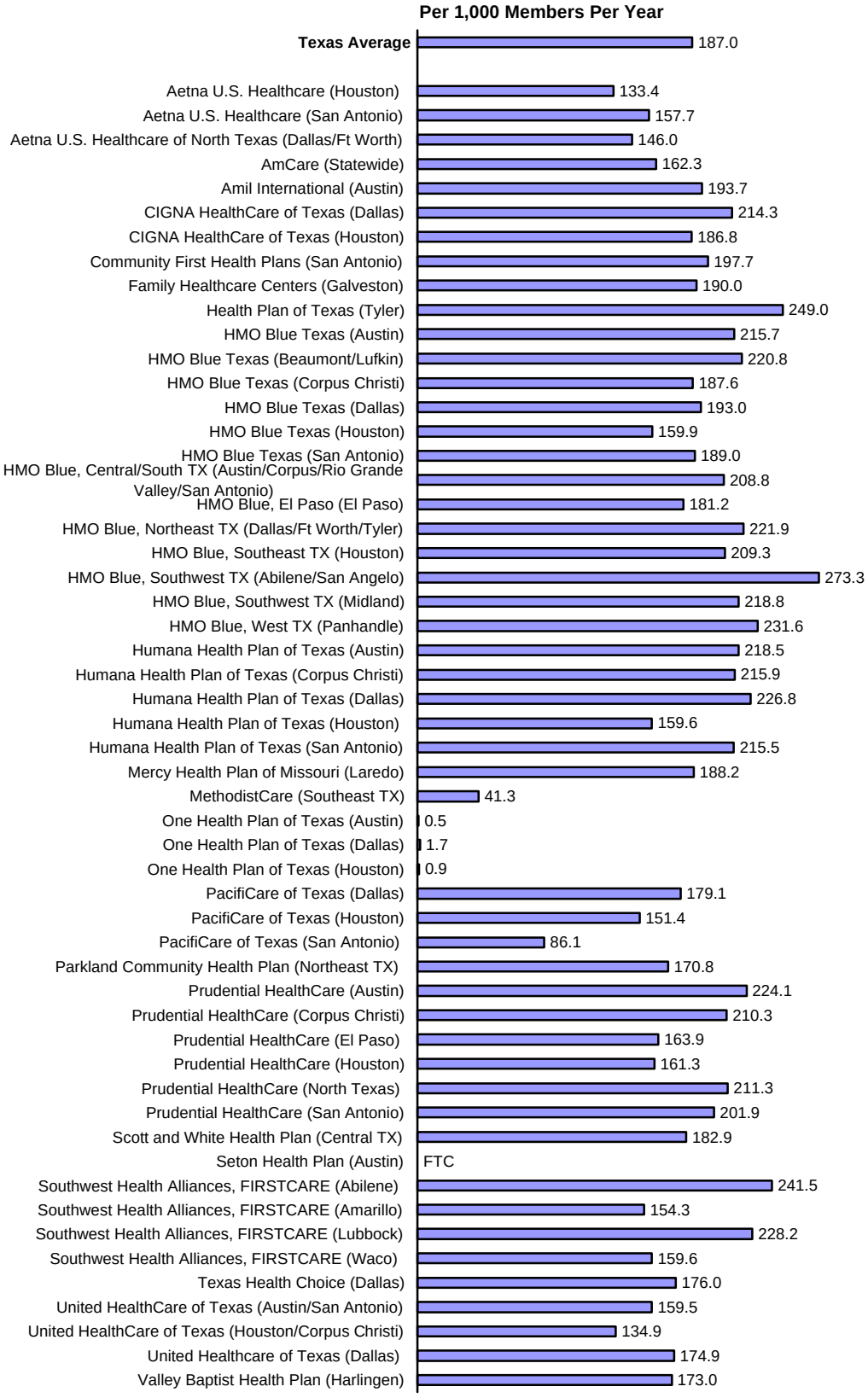
Ambulatory Care: Out Patient Visits



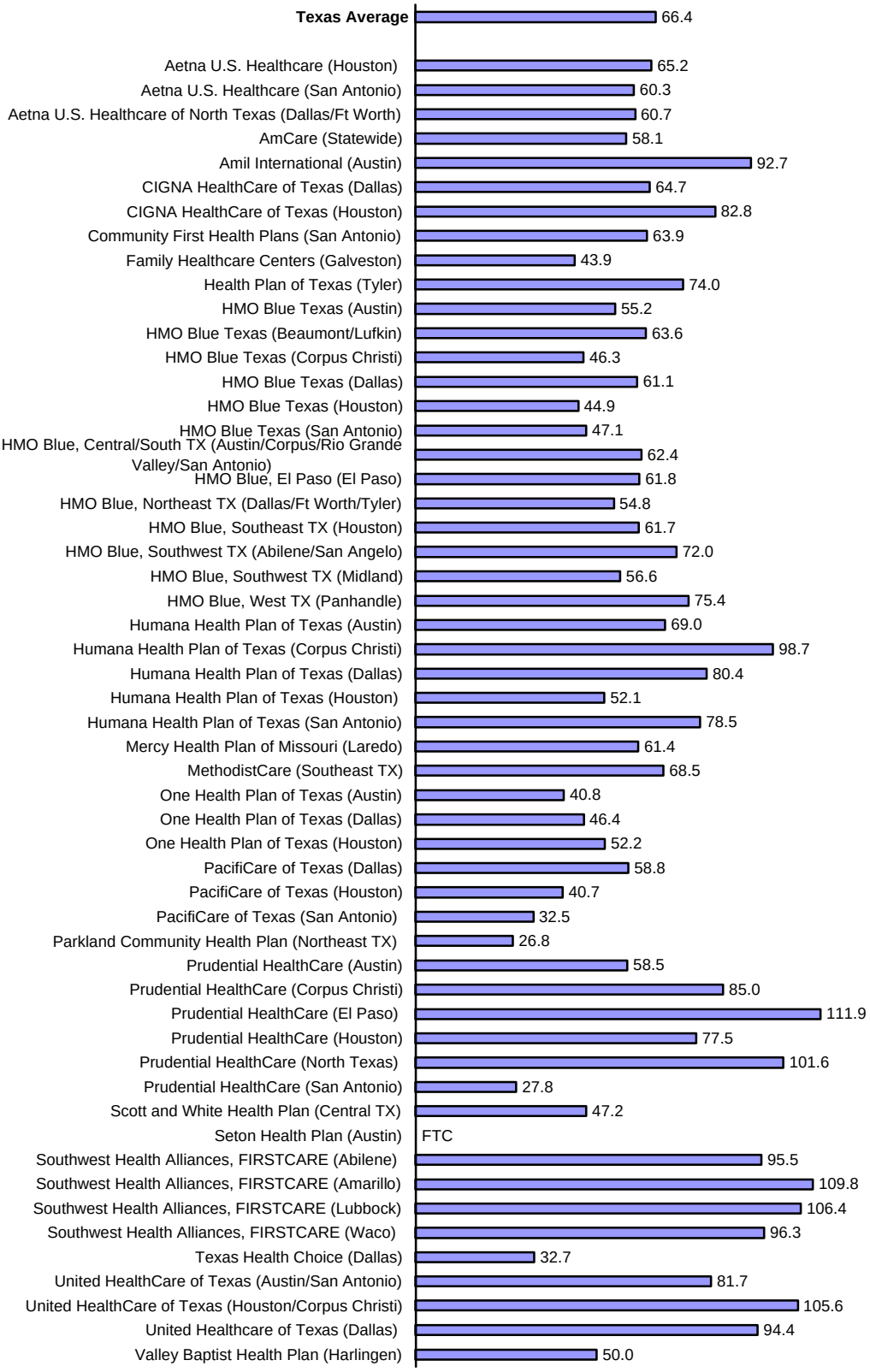
Ambulatory Care: Emergency Room Visits



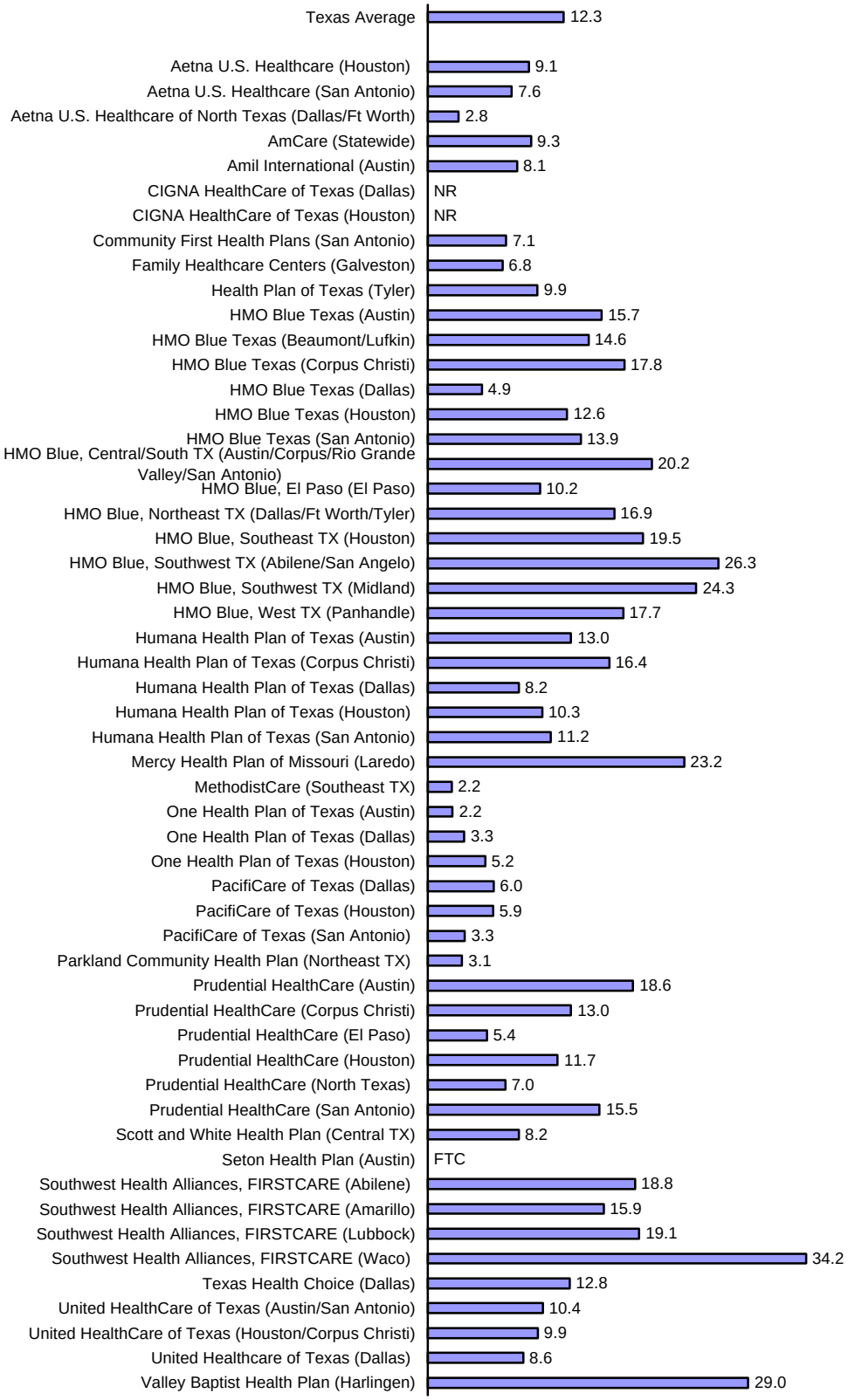
Note: For this measure lower rates indicate better performance.

Ambulatory Care: Ambulatory Surgery/Procedures

Per 1,000 Members Per Year



Ambulatory Care: Observation Room Stays



Cesarean Section Rate

Definition: The percent of cesarean section deliveries and the average length of stay for cesarean deliveries during the measurement year for each HMO.

Cesarean sections (C-sections) are among the most frequently performed surgical procedures. Concern has recently been raised across the United States regarding the increase in Cesarean section rates - from 1 percent in 1900 to 3 percent in the 1930s to a level as high as 24.7 percent in 1988. Many women may want to know the C-section rate of an HMO when deciding which one to choose.

The bar charts on the next two pages show the C-section rate and the average length of stay in days for a C-section delivery for each HMO.

	1997		1998		1999		2000	
	C-section	ALOS	C-section	ALOS	C-section	ALOS	C-section	ALOS
Texas Average	23.7%	*	23.7%	*	25.7%	3.4	27.3	3.3
Quality Compass®	20.5%	*	21.2%	*	22.6%	*	23.7%	2.5

Healthy People 2010 Goal** for C Section: 50%

* Value not established or not obtained.
**Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.
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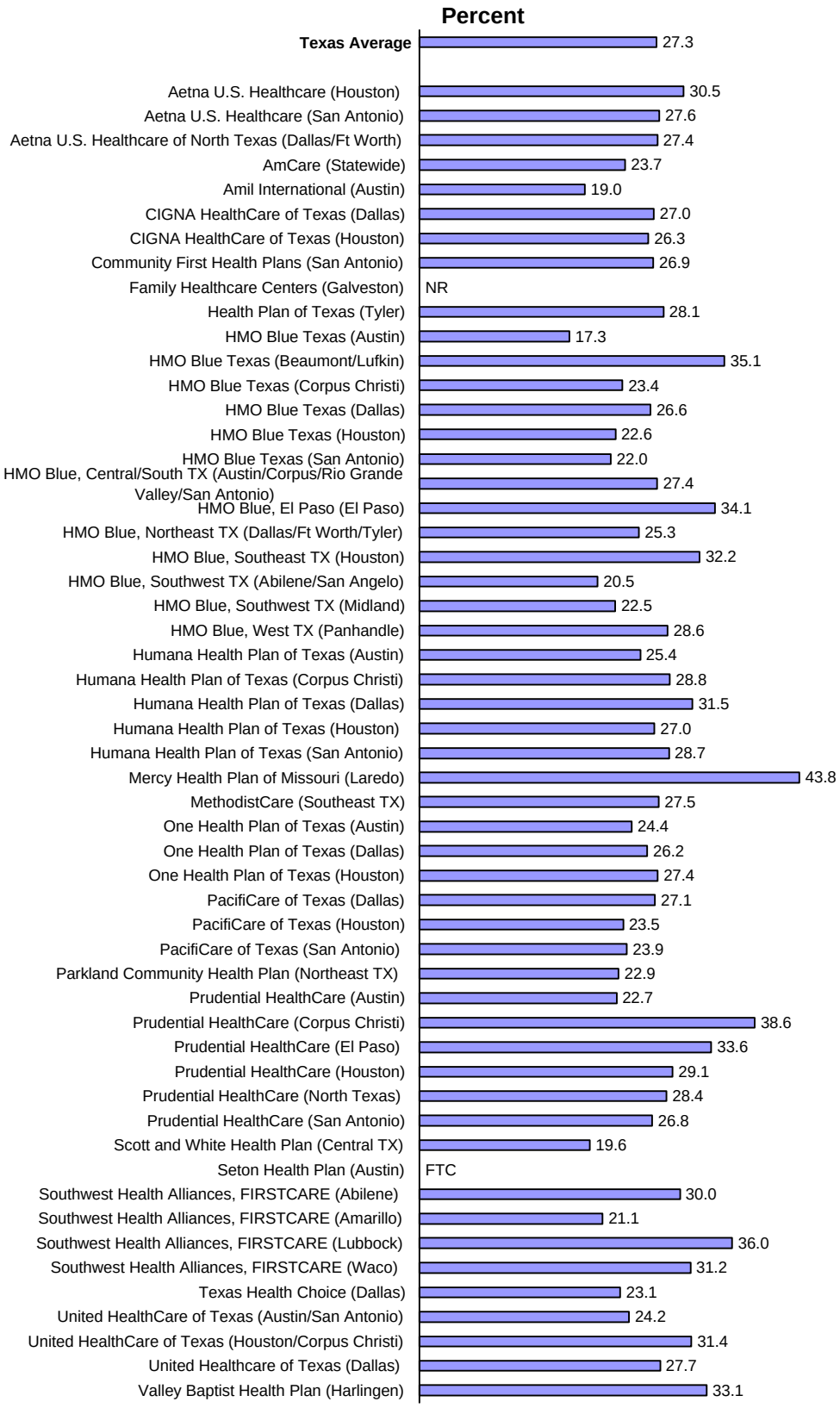
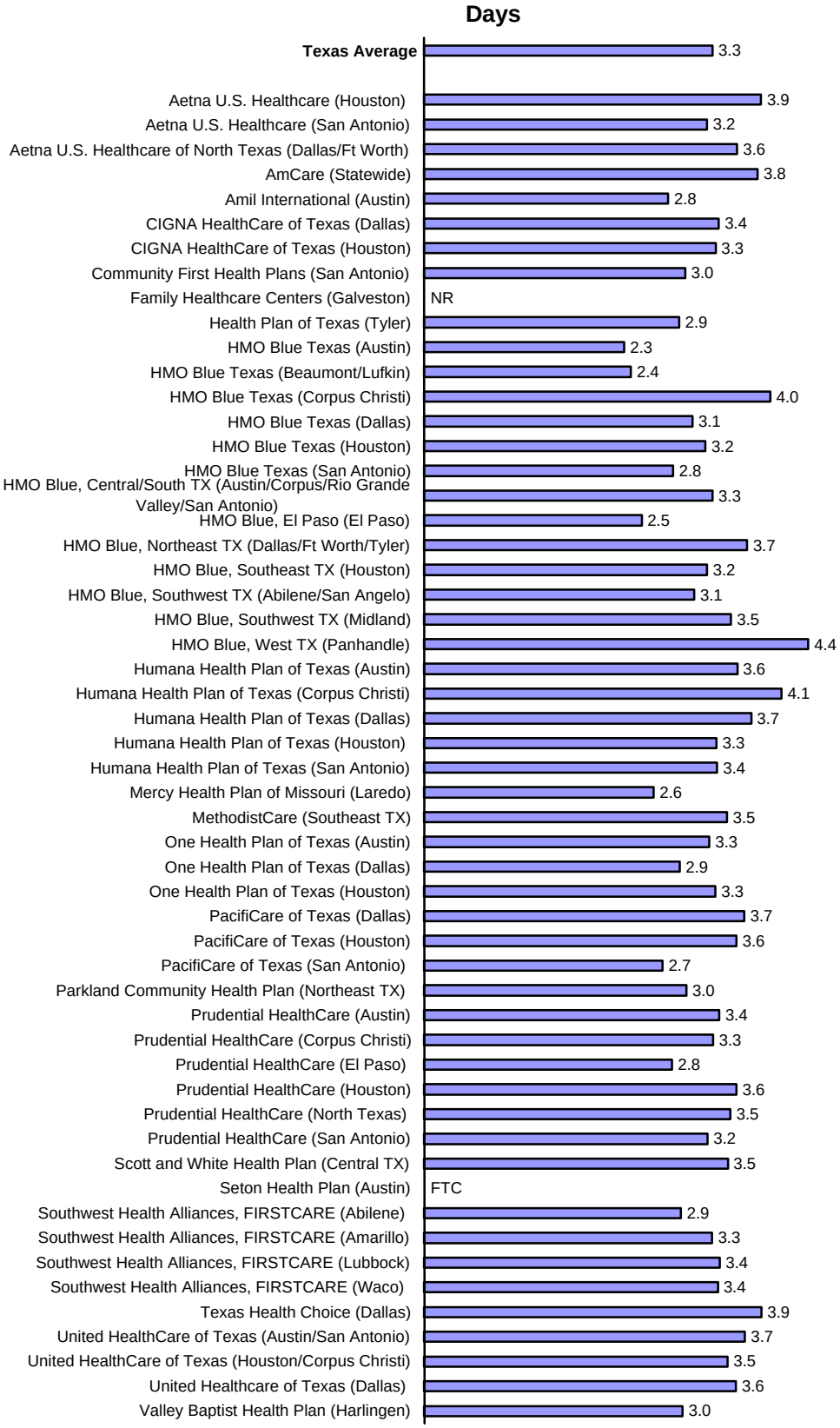
Cesarean Section Rate



Note: For this measure lower rates indicate better performance.

Cesarean Section Average Length of Stay



Note: For this measure lower rates indicate better performance.

Births and Average Length of Stay, Newborns

Definition: The number of discharges per 1,000 members per year and average length of stay (ALOS) for newborns discharged during the measurement year for each HMO.

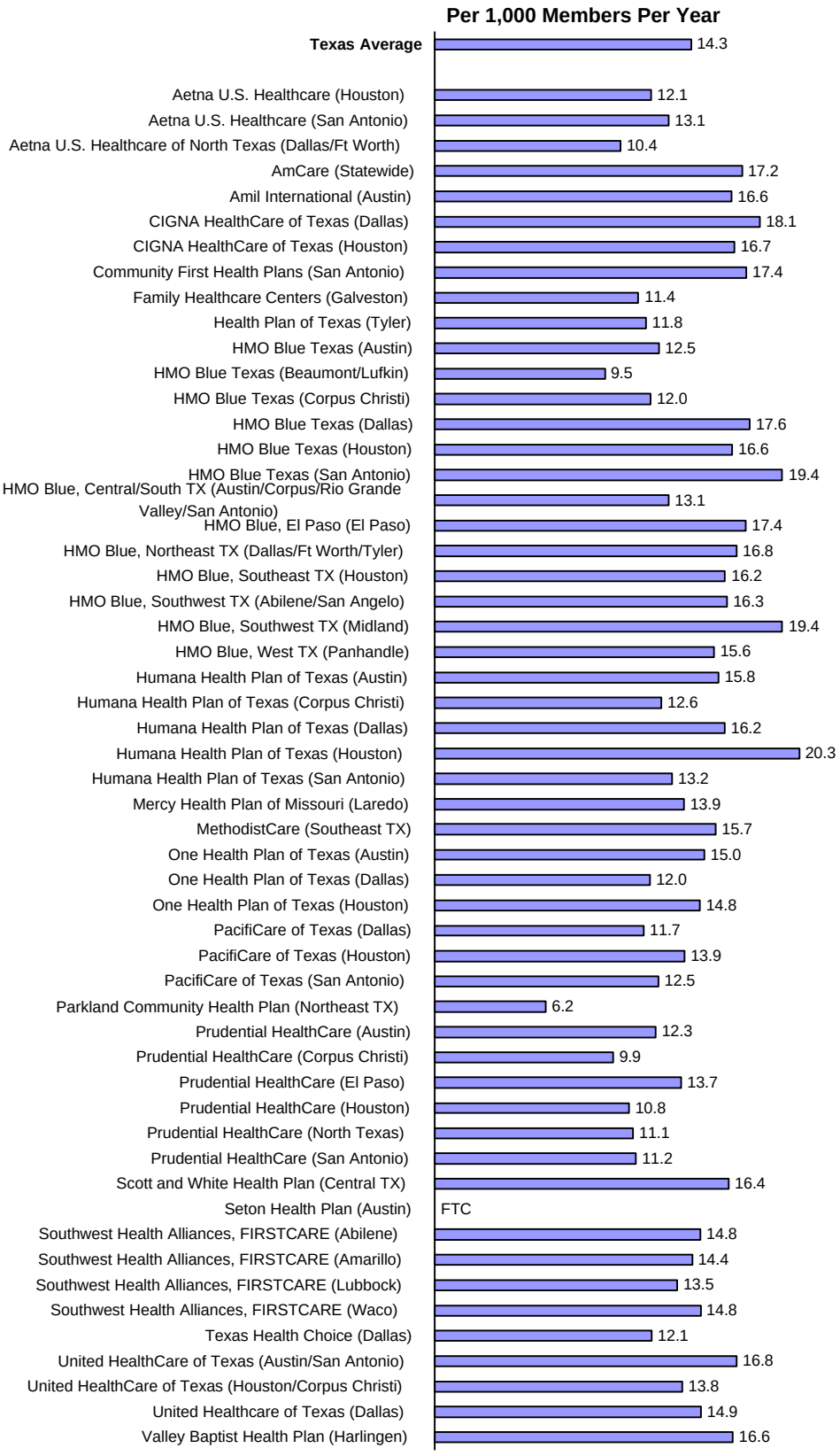
This measure summarizes information collected on the number of newborns delivered during the reporting year and how long they remained in the hospital after delivery. These summary data are presented in three parts: Discharges and average length of stay for all newborns, discharges and average length of stay for *well* newborns, and discharges and average length of stay for *complex* newborns. Well newborns are defined as having a length of stay of less than five days. Complex newborns are defined as having a length of stay greater than or equal to 5 days or expiring in less than five days.

The bar charts on the next six pages show discharges per 1,000 members per year and average length of stay for total newborns in each HMO.

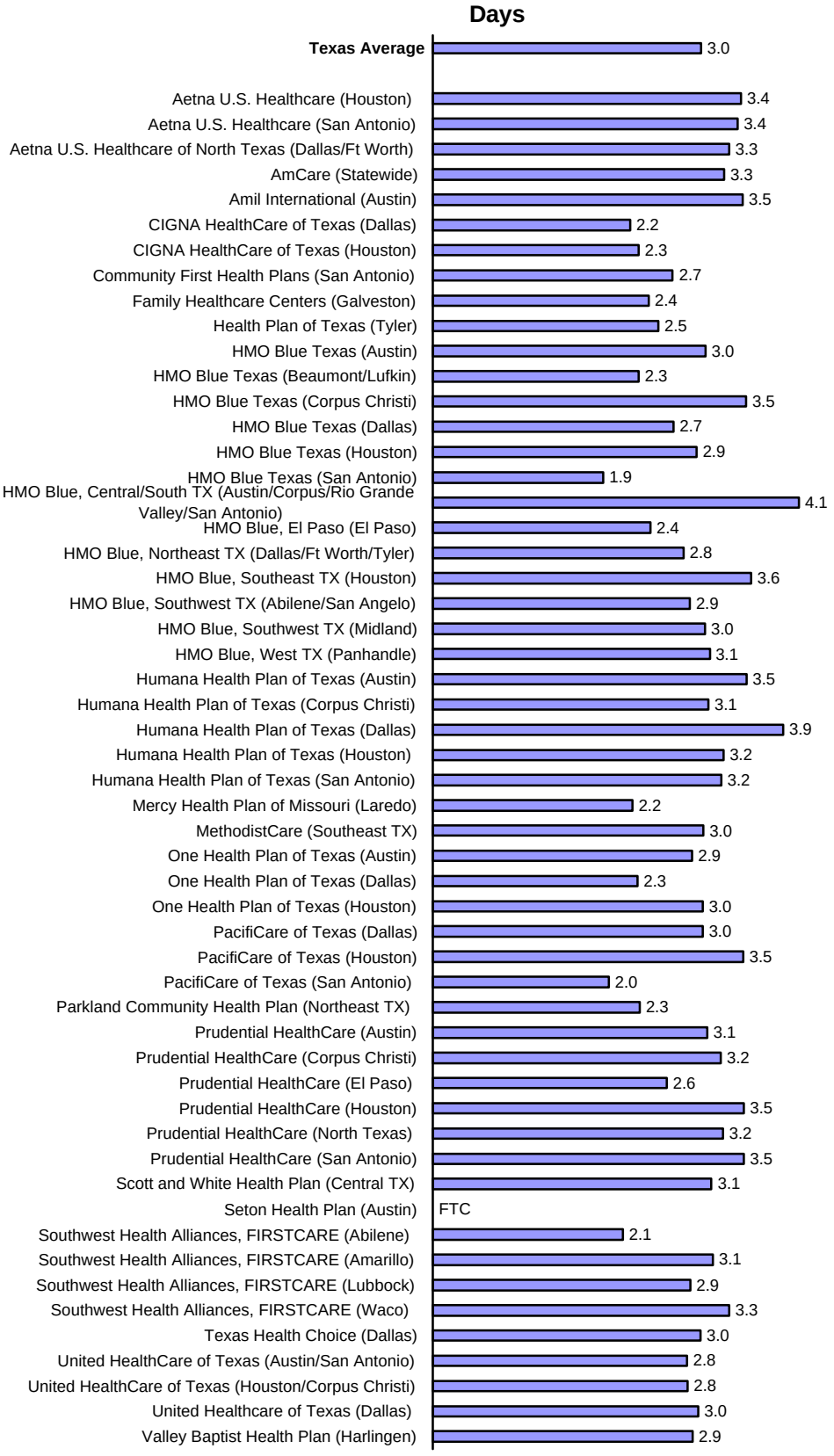
	1997		1998		1999		2000	
	Texas	National	Texas	National	Texas	National	Texas	National
Total Newborn Discharges	*	*	*	*	13.8	12.4	14.3	12.7
Well Newborn Discharges	*	*	*	*	12.8	11.6	13.0	11.4
Complex Newborn Discharges	*	*	*	*	1.0	0.8	0.9	0.8
Total Newborn ALOS	*	*	*	*	3.1	3.1	3.0	3.0
Well Newborn ALOS	*	*	*	*	2.0	2.1	2.0	2.1
Complex Newborn ALOS	*	*	*	*	18.0	17.4	16.0	15.9

* Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.
FTC: Failed to comply with reporting requirements.
NR - Failed to submit the required data or data not certified by NCQA licensed auditor.

Total Newborn Discharges



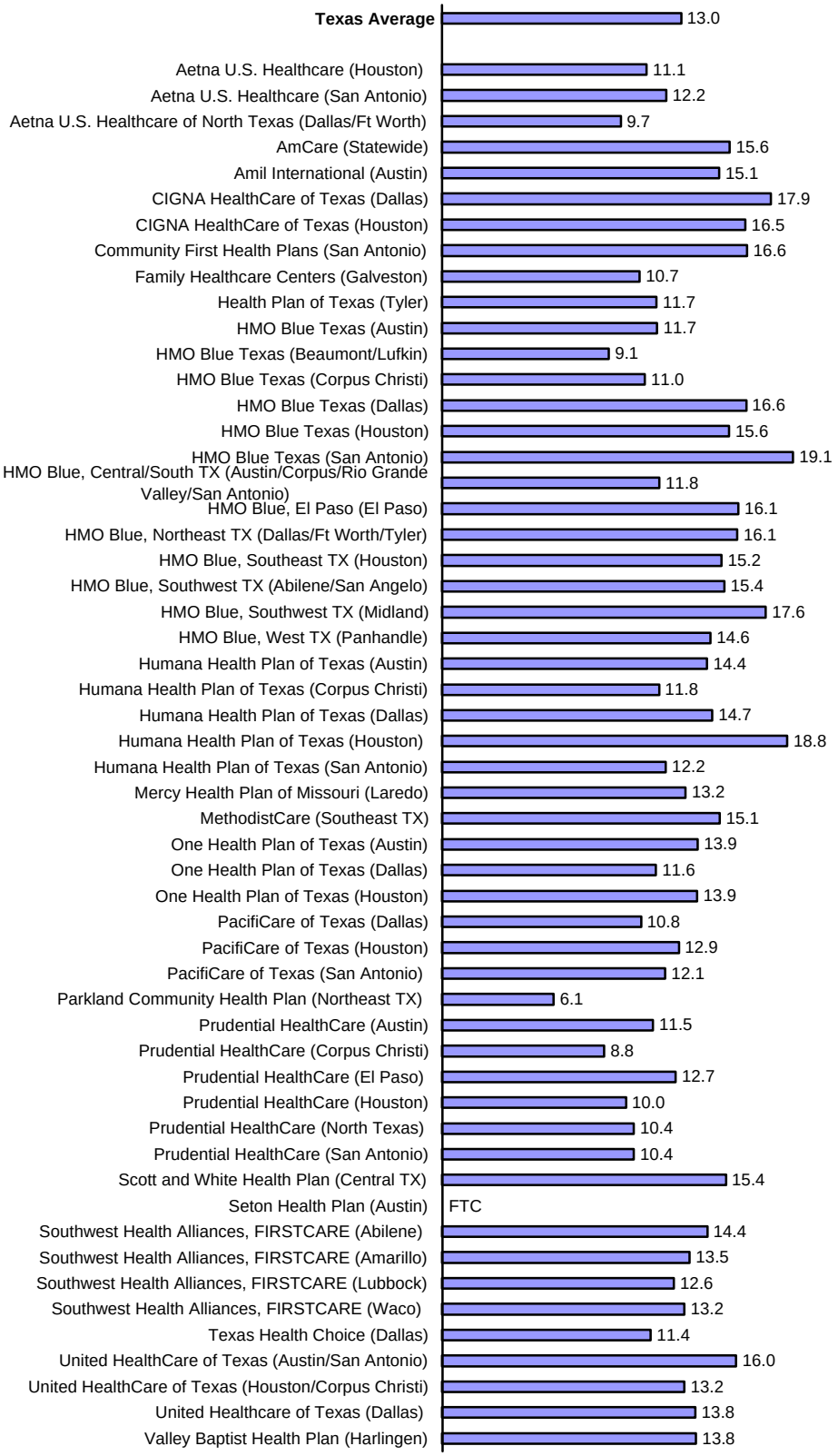
Total Newborn Average Length of Stay



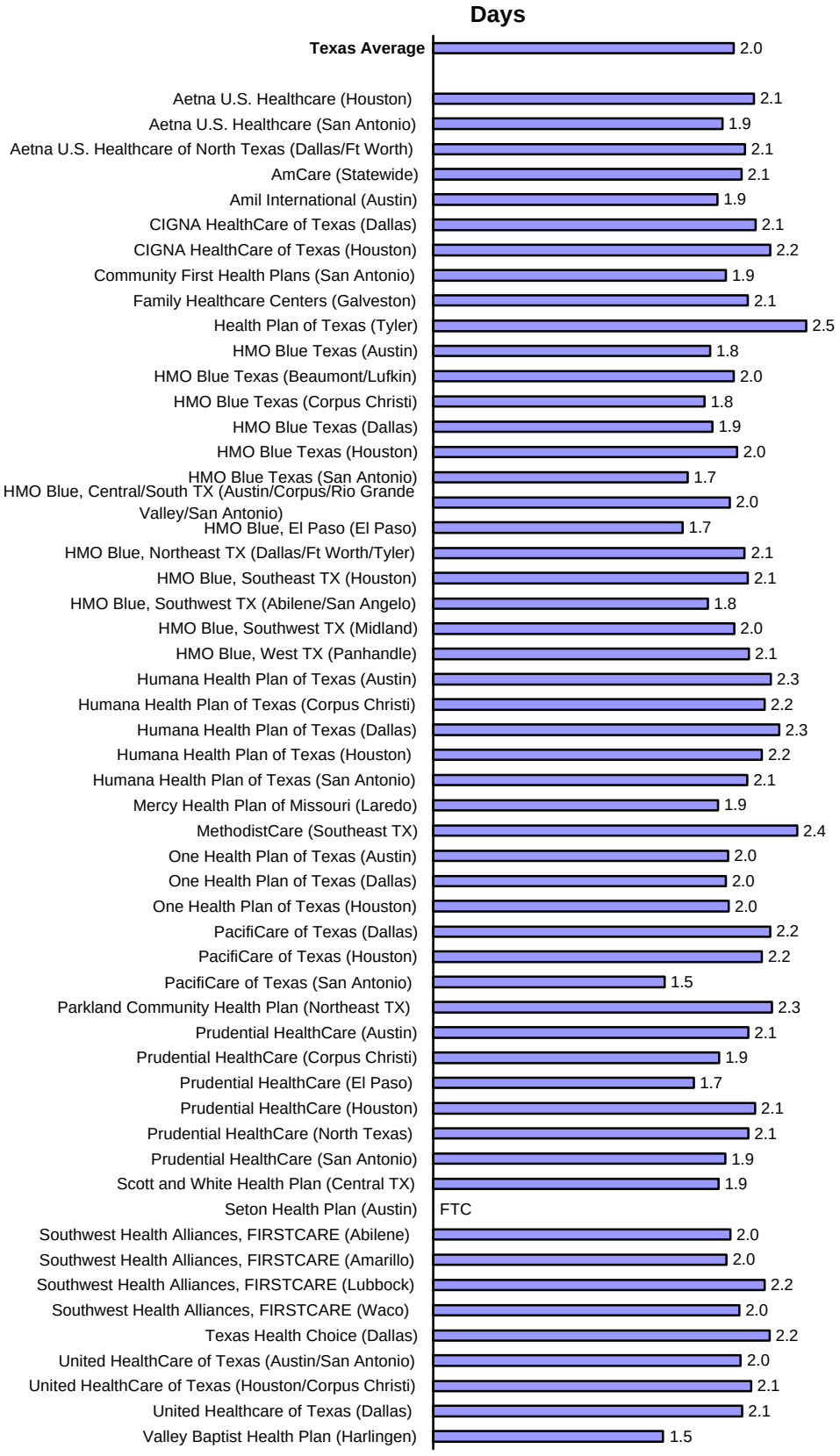
Note: For this measure lower rates indicate better performance.

Well Newborn Discharges

Per 1,000 Members Per Year



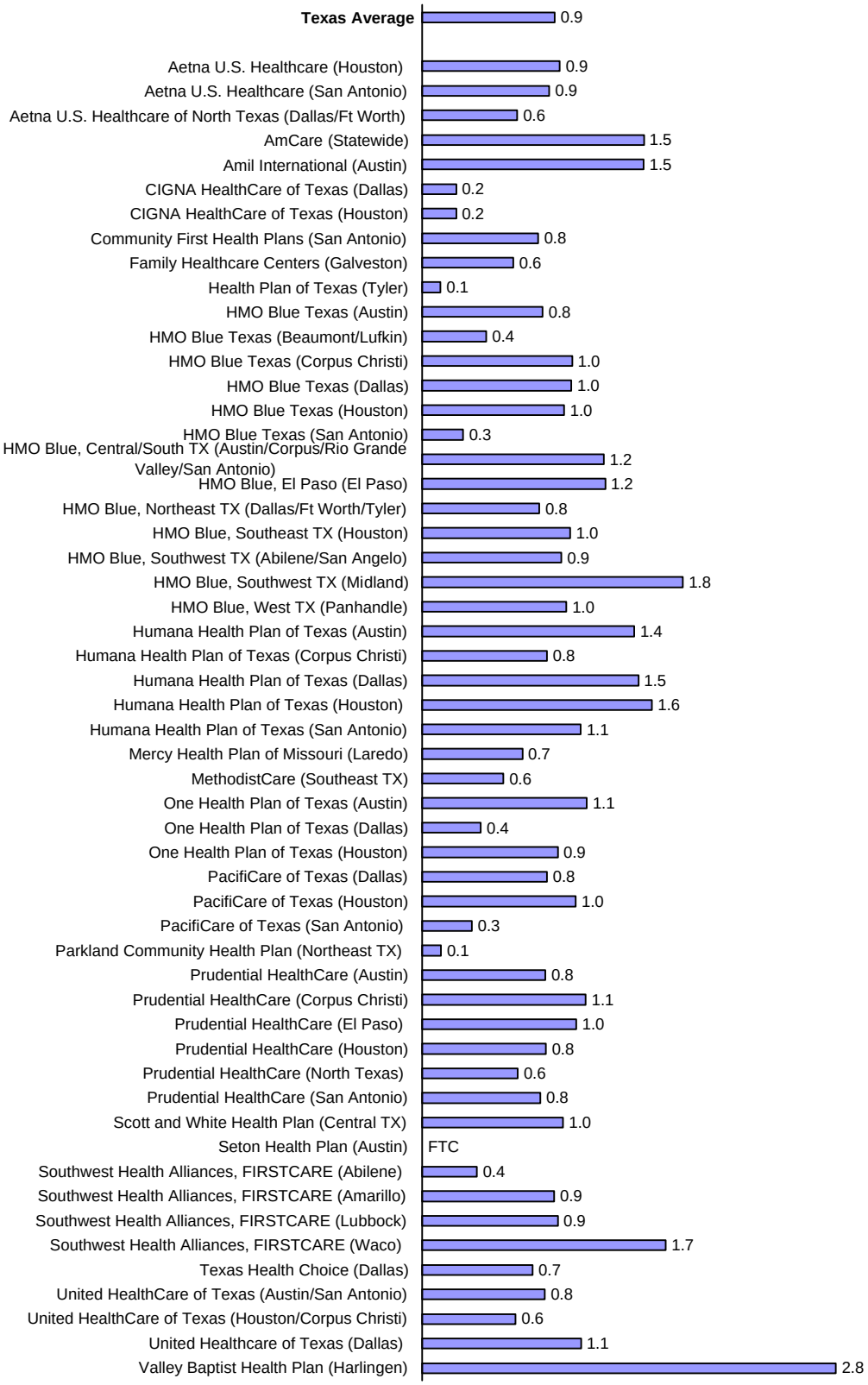
Well Newborn Average Length of Stay



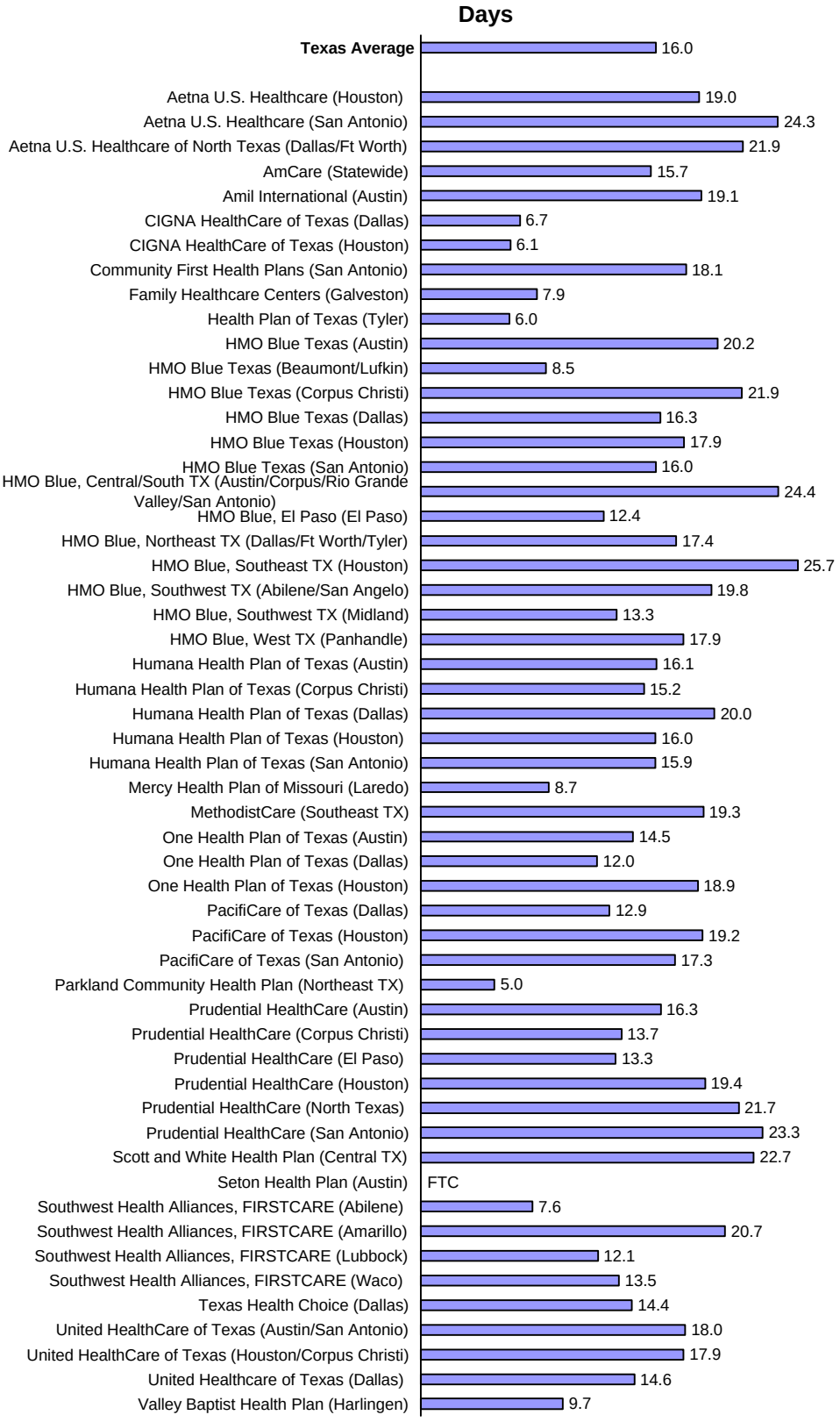
Note: For this measure lower rates indicate better performance.

Complex Newborn Discharges

Per 1,000 Members Per Year



Complex Newborn Average Length of Stay



Note: For this measure lower rates indicate better performance.

Mental Health Utilization – Inpatient Discharges and Average Length of Stay

Definition: Discharges per 1,000 members per year and average length of stay for mental health related inpatient hospitalization for each HMO.

Mental health services can be of great interest to employers. Inadequate mental health services can lead to absenteeism, lost productivity, and increased general medical expenses.

The bar charts on the next two pages show the discharges per 1,000 members per year and average length of stay for mental health hospitalizations in each HMO.

	1997		1998		1999		2000	
	Texas	National	Texas	National	Texas	National	Texas	National
Mental Health Discharges	*	*	3.0	*	2.0	2.6	2.0	2.66
Mental Health ALOS	*	*	6.0	*	6.0	5.4	6.8	6.27

* Value not established or not obtained.
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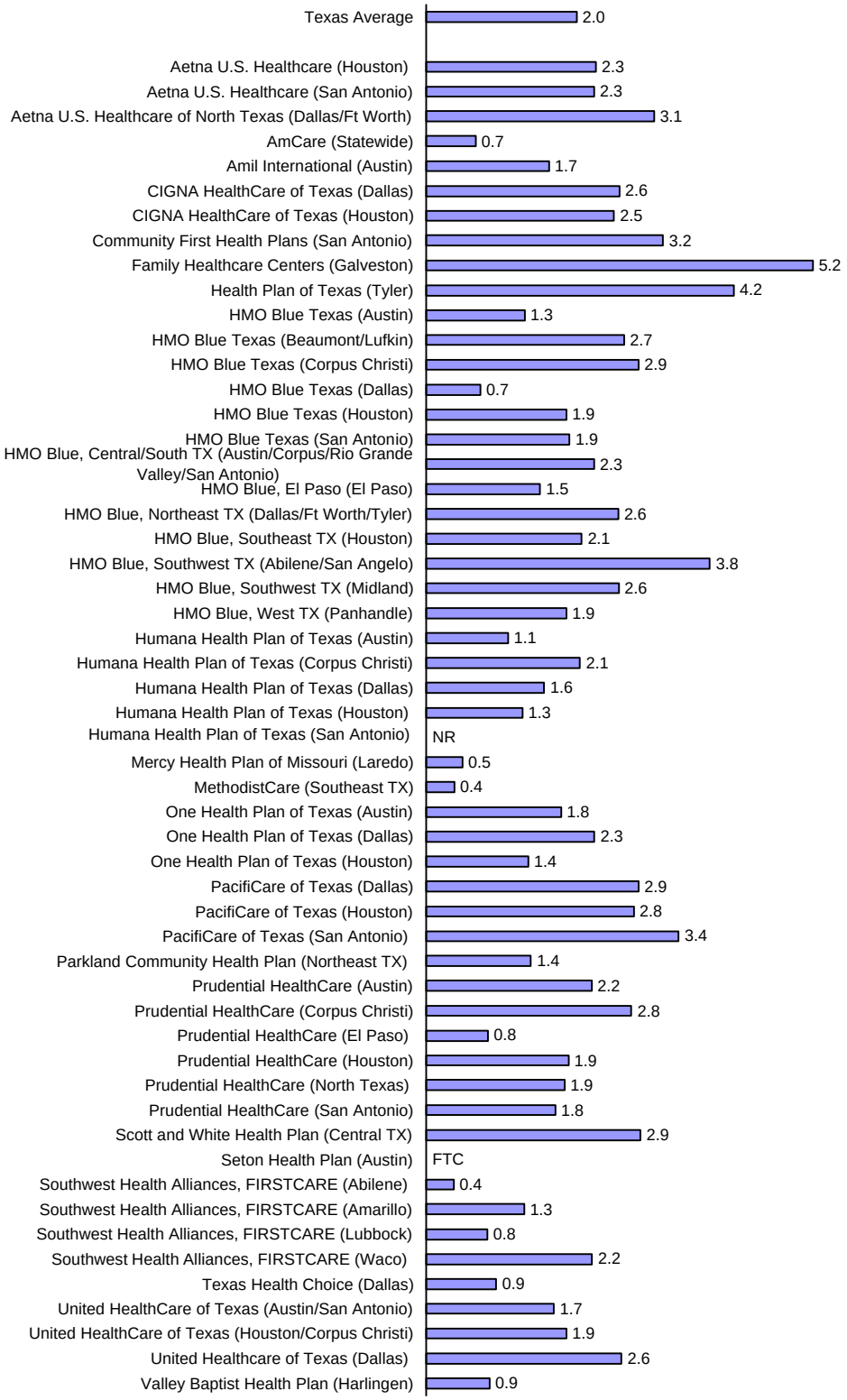
FTC: Failed to comply with reporting requirements.

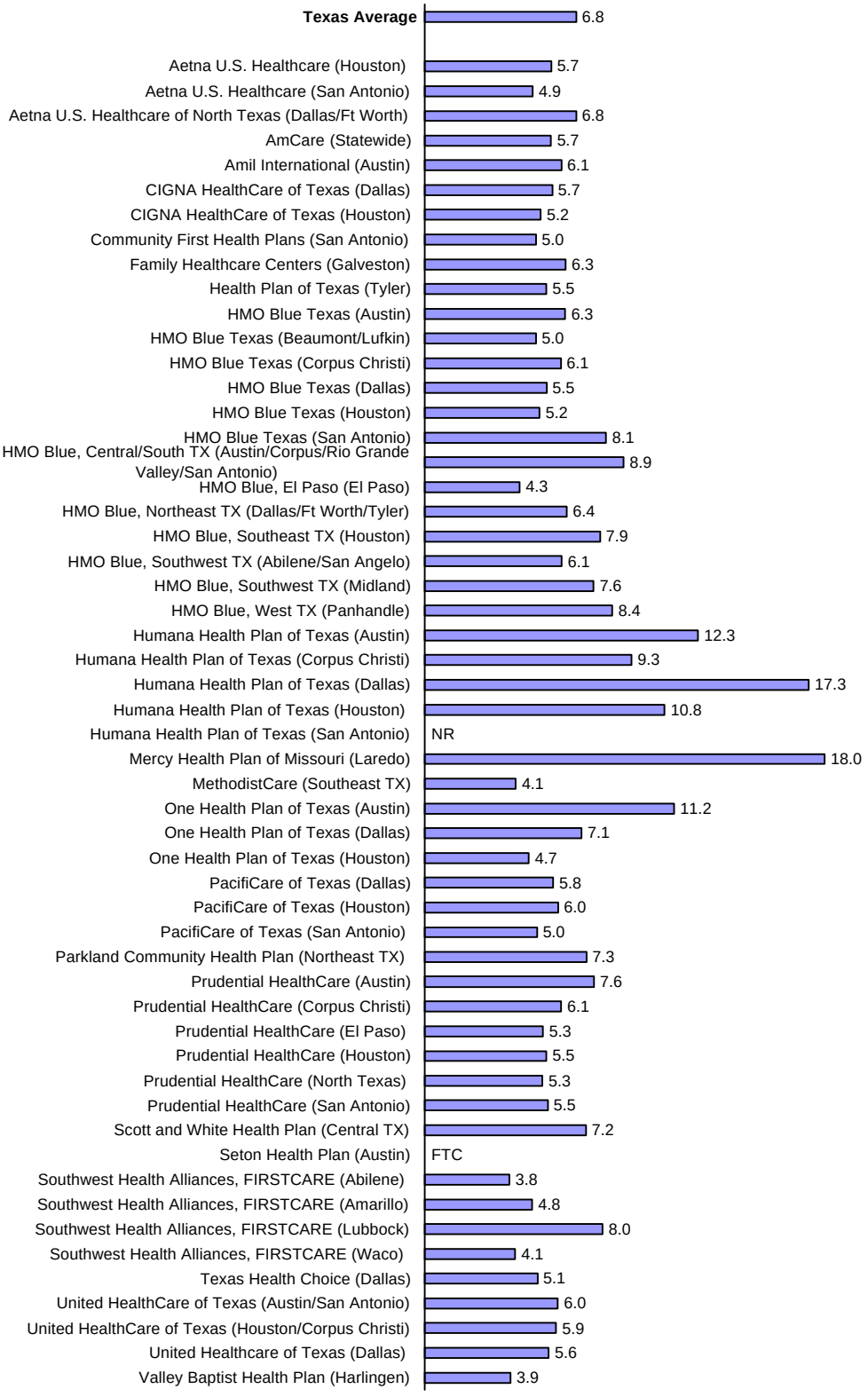
Mental Health Inpatient Discharges

Per 1,000 Members Per Year



Mental Health Average Length of Stay

Days



Note: For this measure lower rates indicate better performance.

Chemical Dependency Utilization- Inpatient Discharges and Average Length of Stay

Definition: The number of discharges per 1,000 members per year and average length of stay for chemical dependency discharged during the measurement year for each HMO.

Chemical dependency, most commonly to alcohol, is very costly. This measure estimates how many hospitalizations for chemical dependency occurred during the measurement year and how long patients stayed in the hospital on average.

The bar charts on the next two pages show discharges per 1,000 members per year and average length of stay for chemical dependency in each HMO.

	1997		1998		1999		2000	
	Texas	National	Texas	National	Texas	National	Texas	National
Chemical Dependency Discharges	*	*	*	*	*	*	.7	1.0
Chemical Dependency ALOS	*	*	*	*	*	*	5.7	5.1

* Value not established or not obtained.
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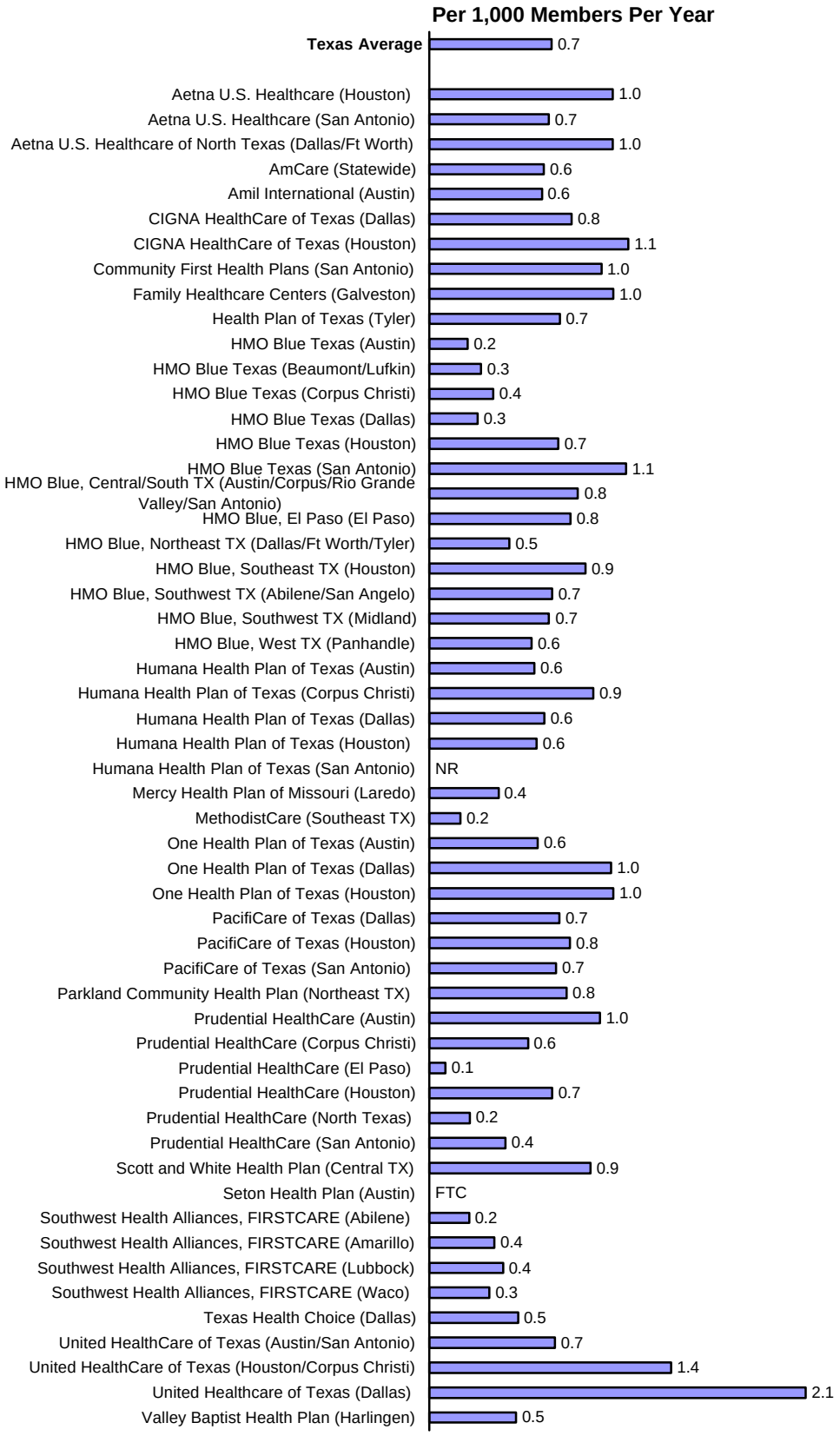
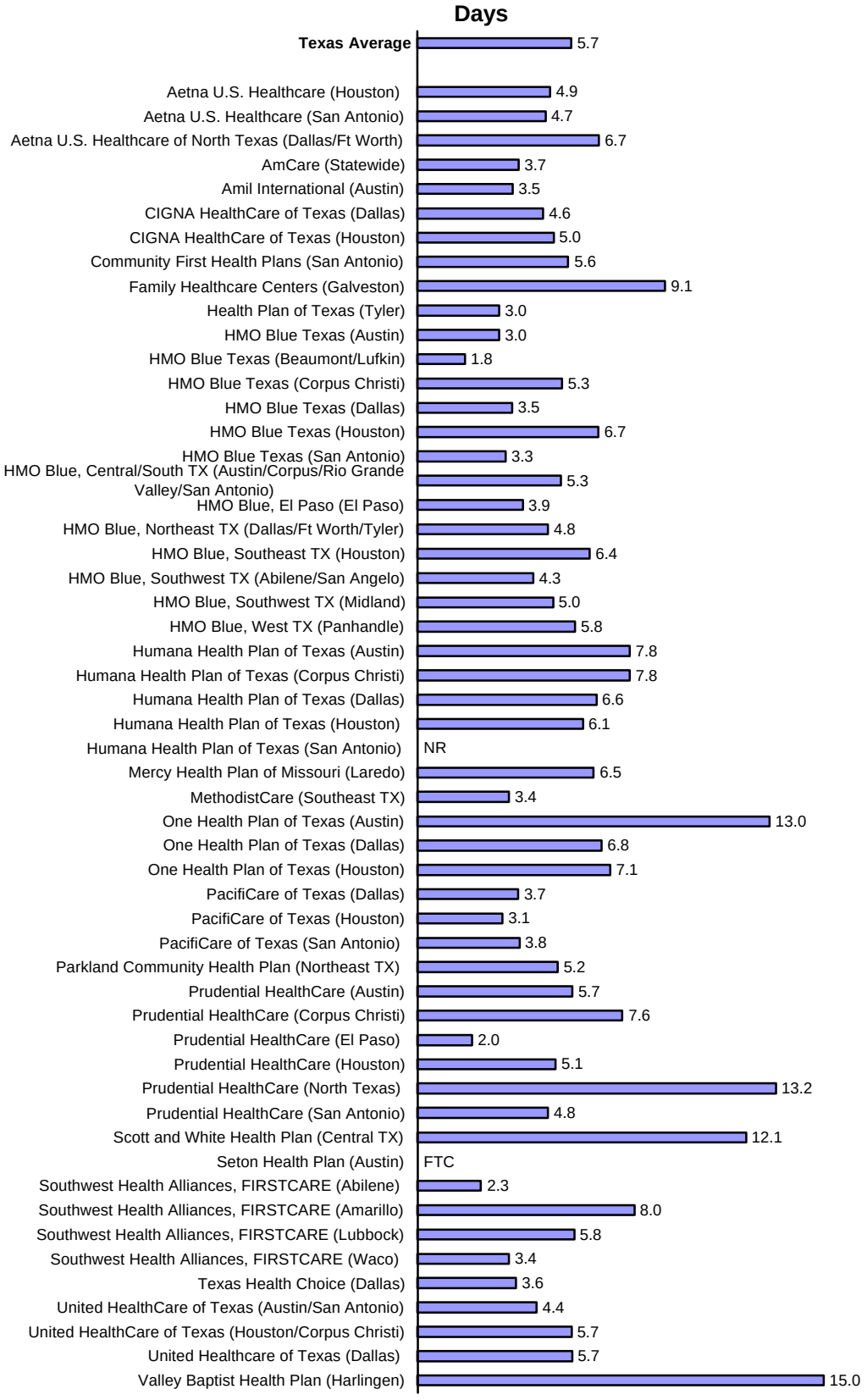
Chemical Dependency Discharges



Chemical Dependency Average Length of Stay



Note: For this measure lower rates indicate better performance.

Health Plan Descriptive Information

The Health Plan Descriptive Information Domain reports a plan's structure, staffing, and enrollment. Although these are not performance measures, this information allows consumers to make informed decisions about their health care plan by providing details of the plan's characteristics which may have an impact on access to care and quality of services members receive. For example, information on a plan's providers, such as the percent of physicians who are board certified can indicate the qualifications of the plan's physicians. In addition, information on a plan's membership, such as the enrollment characteristics of a plan, by age and gender, can explain differences in performance and on the types and volume of care provided.

This section provides Health Plan Descriptive Information data on the following measures:

Board Certification
Primary Care Practitioners
OB/GYN Practitioners
Pediatric Practitioner Specialist
All Other Practitioner Specialist
Total Enrollment by Percentage
Enrollment by Product Line

Board Certification

Definition: The percentage of primary care practitioners, OB/GYN practitioners, pediatric practitioner specialists, and other practitioner specialists who are board certified.

Board certification is a measure that provides information on a health plan's structure and staffing. Although the credentials of a health plan's physicians may have an impact on the quality of care it is able to provide, this measure alone does not directly measure the quality of care delivered by each physician that is affiliated with a particular health plan.

The bar charts on the next four pages show the percentage of plan physicians who have sought and obtained board certification for each specialty area of care in each HMO.

	1997		1998		1999		2000	
Practitioners	Texas	National	Texas	National	Texas	National	Texas	National
Primary care	68.5%	78.1%	73.4%	79.1%	73.8%	79.5%	77.5%	80.5%
OB/Gyn Specialists	71.9%	*	77.0%	*	75.8%	79.7%	76.2%	80.5
Pediatric Specialists	75.8%	*	73.3%	*	73.1%	*	75.6%	*
Other Specialists	77.5%	80.6%	77.9%	*	78.7%	81.0%	80.1%	83.1%

* Value not established
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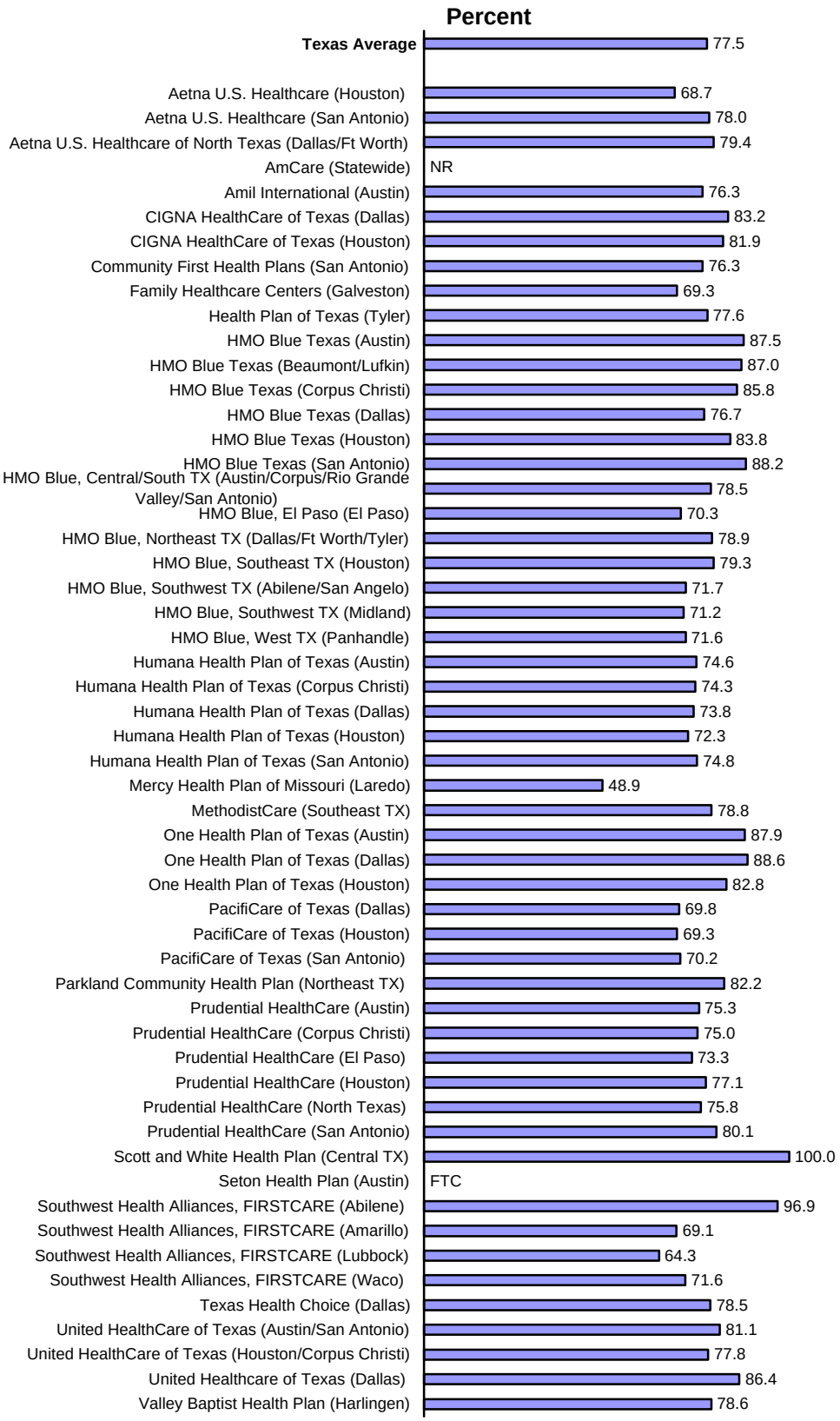
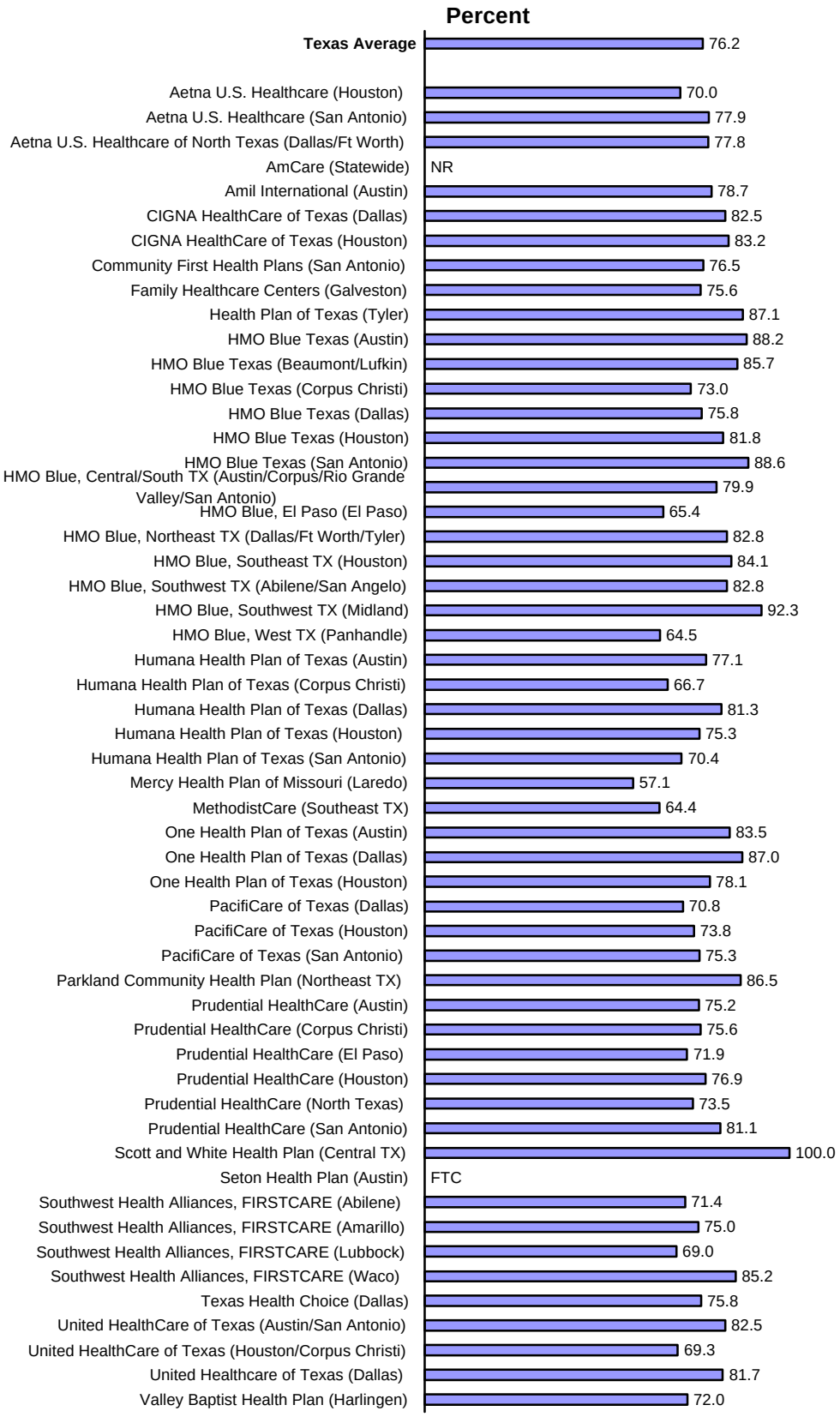
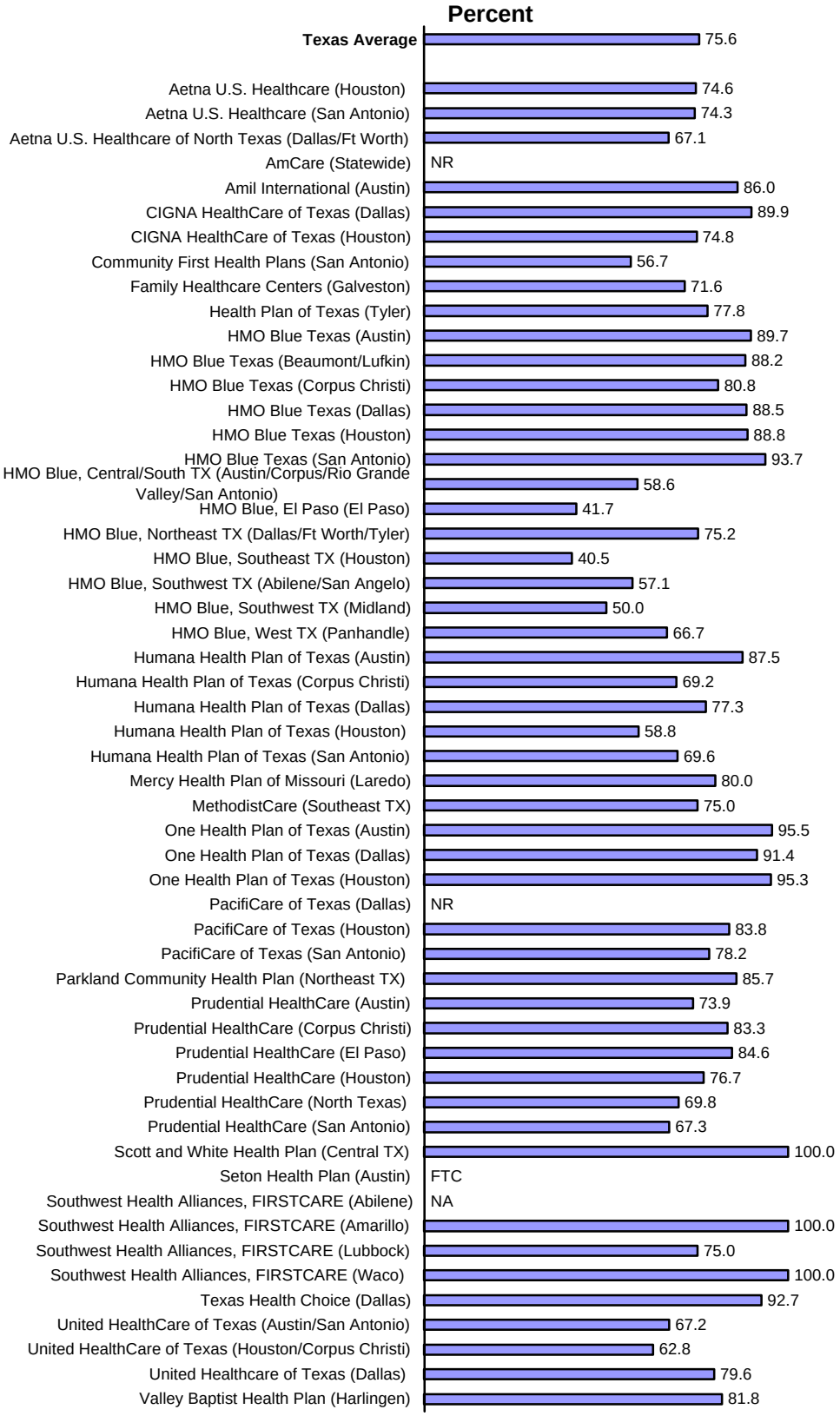
Board Certification: Primary Care Physicians



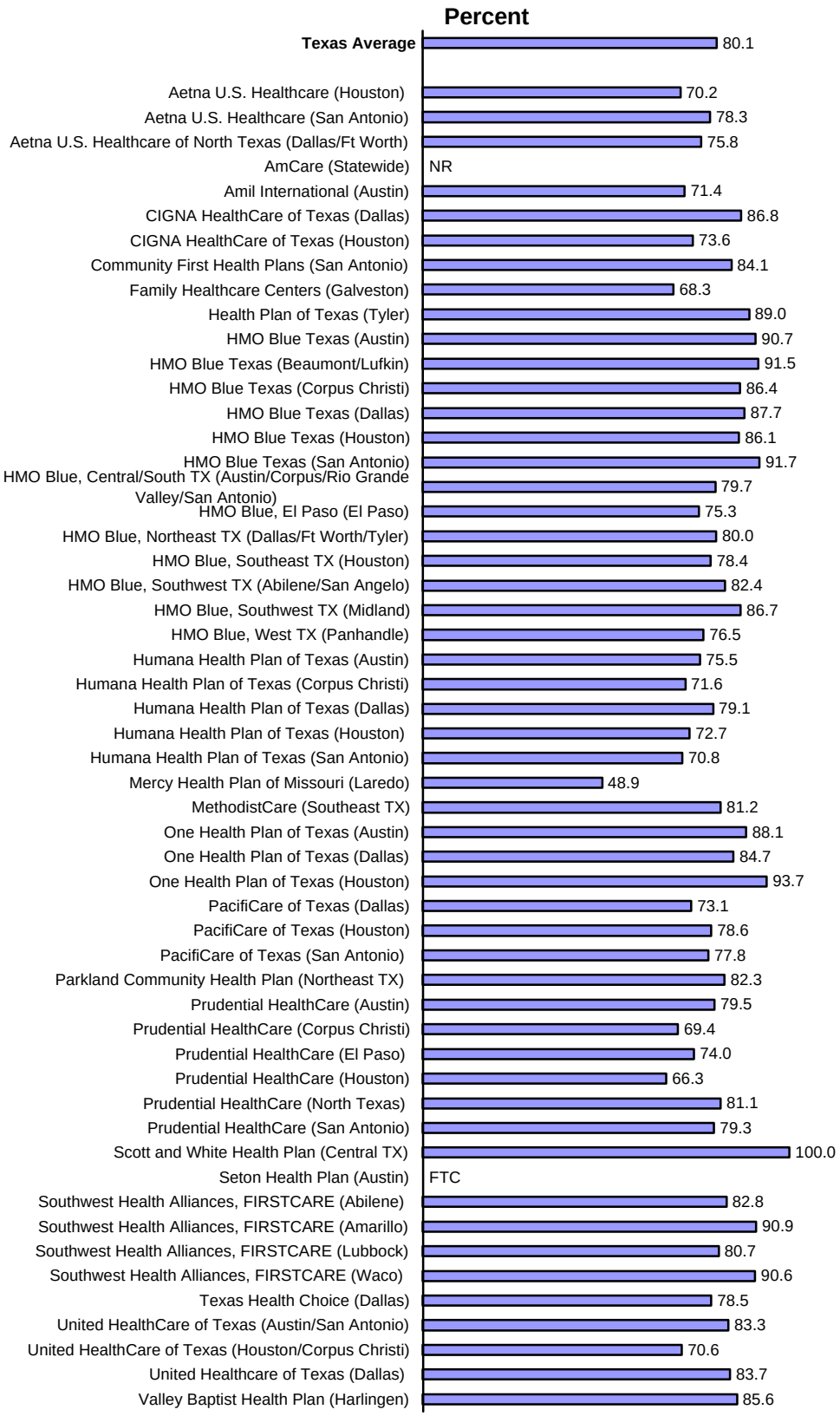
Board Certification: OB/Gyn Practitioners



Board Certification: Pediatric Physicians



Board Certification: All Other Practitioner Specialists



Total Enrollment by Percentage

Definition: The percentage of plan members enrolled by payer type.

Generally speaking, there are three product lines offered by Texas HMOs: Commercial, Medicare, and Medicaid. While this report only compares HEDIS® data on commercial members, the following page shows what proportion of the HMO's total business is represented in each product line. Commercial members may be enrolled through an employer group policy or through an individual policy. Medicare members are enrolled through a contract between the Health Care Financing Administration (HCFA) and the health plan. Medicaid members are enrolled through a contract between the state Medicaid agency (Texas Department of Health) and the health plan. These product line percentages provide information on which populations are insured by a specific plan. This information gives a sense of member demographics by plan. For example, Commercial members generally fall between 18-64 (plus their under-age dependents). Medicaid members are primarily women and their children. Medicare members are generally 65 and older.

The table on the next page shows the percentage of each plan's membership enrolled in their commercial, Medicaid, or Medicare product lines.

Total Enrollment by Percentage

Plan Name	Commercial %	Medicaid %	Medicare %
Texas Average	87	6	5
Aetna U.S. Healthcare (Houston)	100	0	0
Aetna U.S. Healthcare (San Antonio)	100	0	0
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	100	0	0
AmCare (Statewide)	59	41	0
Amil International (Austin)	62	NR	NR
CIGNA HealthCare of Texas (Dallas)	100	0	0
CIGNA HealthCare of Texas (Houston)	99	0	1
Community First Health Plans (San Antonio)	43	57	0
Family Healthcare Centers (Galveston)	100	0	0
Health Plan of Texas (Tyler)	100	0	0
HMO Blue Texas (Austin)	100	0	0
HMO Blue Texas (Beaumont/Lufkin)	100	0	0
HMO Blue Texas (Corpus Christi)	100	0	0
HMO Blue Texas (Dallas)	100	0	0
HMO Blue Texas (Houston)	100	0	0
HMO Blue Texas (San Antonio)	100	0	0
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	71	29	0
HMO Blue, El Paso (El Paso)	100	0	0
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	83	17	0
HMO Blue, Southeast TX (Houston)	73	27	0
HMO Blue, Southwest TX (Abilene/San Angelo)	100	0	0
HMO Blue, Southwest TX (Midland)	100	0	0
HMO Blue, West TX (Panhandle)	91	9	0
Humana Health Plan of Texas (Austin)	81	19	0
Humana Health Plan of Texas (Corpus Christi)	57	0	43
Humana Health Plan of Texas (Dallas)	100	0	0
Humana Health Plan of Texas (Houston)	65	0	35
Humana Health Plan of Texas (San Antonio)	62	9	29
Mercy Health Plan of Missouri (Laredo)	78	10	6
MethodistCare (Southeast TX)	76	18	5
One Health Plan of Texas (Austin)	100	0	0
One Health Plan of Texas (Dallas)	100	0	0
One Health Plan of Texas (Houston)	100	0	0
PacifiCare of Texas (Dallas)	86	0	14
PacifiCare of Texas (Houston)	58	0	42
PacifiCare of Texas (San Antonio)	62	0	38
Parkland Community Health Plan (Northeast TX)	21	79	0
Prudential HealthCare (Austin)	100	0	0
Prudential HealthCare (Corpus Christi)	100	0	0
Prudential HealthCare (El Paso)	100	0	0
Prudential HealthCare (Houston)	100	0	0
Prudential HealthCare (North Texas)	100	0	0
Prudential HealthCare (San Antonio)	100	0	0
Scott and White Health Plan (Central TX)	86	0	14
Seton Health Plan (Austin)	FTC	F TC	FT C
Southwest Health Alliances, FIRSTCARE (Abilene)	100	0	0
Southwest Health Alliances, FIRSTCARE (Amarillo)	100	0	0
Southwest Health Alliances, FIRSTCARE (Lubbock)	100	0	0
Southwest Health Alliances, FIRSTCARE (Waco)	100	0	0
Texas Health Choice (Dallas)	92	NR	8
United HealthCare of Texas (Austin/San Antonio)	100	0	0
United HealthCare of Texas (Houston/Corpus Christi)	100	0	0
United Healthcare of Texas (Dallas)	100	0	0
Valley Baptist Health Plan (Harlingen)	100	0	0

FTC: Failed to comply with reporting requirements.

Enrollment by Product Line: Commercial

Definition: The percentage of total members stratified by gender and age for the commercial product line.

Membership data by gender and age can be used by purchasers and consumers to learn the enrollment characteristics of the health plan. The gender and age breakdowns can help explain differences in the type of care provided and the total volume of services provided.

The following tables show the percentage of members in the plan by the following categories:

Males Age 0 - 19	Females Age 0 - 19
Males Age 20 - 44	Females Age 20 - 24
Males Age 45 - 64	Females Age 45 - 64
Males Age 65 +	Females Age 65 +

Enrollment by Product Line: Commercial- Male

Plan Name	Age Group 0-19 Years %	Age Group 20-44 Years %	Age Group 45-64 Years %	Age Group 65+ Years %
Texas Average	36.5	39.6	22.2	1.7
Aetna U.S. Healthcare (Houston)	35.1	41.9	22.1	0.9
Aetna U.S. Healthcare (San Antonio)	34.8	44.6	19.9	0.7
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	33.7	42.4	22.7	1.2
AmCare (Statewide)	31.7	46.0	21.4	0.8
Amil International (Austin)	31.2	39.9	26.3	2.6
CIGNA HealthCare of Texas (Dallas)	37.6	42.8	18.7	1.0
CIGNA HealthCare of Texas (Houston)	38.6	38.6	22.1	0.6
Community First Health Plans (San Antonio)	41.1	40.6	17.3	0.9
Family Healthcare Centers (Galveston)	69.8	19.1	9.8	1.2
Health Plan of Texas (Tyler)	35.4	33.6	30.1	0.9
HMO Blue Texas (Austin)	36.9	38.9	22.3	1.9
HMO Blue Texas (Beaumont/Lufkin)	36.1	36.4	24.9	2.7
HMO Blue Texas (Corpus Christi)	40.2	36.9	21.3	1.7
HMO Blue Texas (Dallas)	36.3	37.9	23.8	2.1
HMO Blue Texas (Houston)	37.6	35.7	24.0	2.7
HMO Blue Texas (San Antonio)	32.5	37.4	26.4	3.7
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	33.5	39.5	24.3	2.7
HMO Blue, El Paso (El Paso)	42.6	39.3	17.2	0.8
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	34.3	45.5	18.9	1.3
HMO Blue, Southeast TX (Houston)	36.4	43.1	19.5	1.0
HMO Blue, Southwest TX (Abilene/San Angelo)	37.1	36.8	23.6	2.5
HMO Blue, Southwest TX (Midland)	39.5	39.2	20.3	1.1
HMO Blue, West TX (Panhandle)	38.3	38.9	21.6	1.3
Humana Health Plan of Texas (Austin)	35.5	36.7	24.6	3.1
Humana Health Plan of Texas (Corpus Christi)	34.7	27.4	33.3	4.7
Humana Health Plan of Texas (Dallas)	33.1	43.3	22.3	1.3
Humana Health Plan of Texas (Houston)	36.7	43.8	18.6	0.9
Humana Health Plan of Texas (San Antonio)	34.4	31.3	28.7	5.7
Mercy Health Plan of Missouri (Laredo)	55.1	32.1	12.4	0.4
MethodistCare (Southeast TX)	37.0	39.3	22.8	0.9
One Health Plan of Texas (Austin)	26.6	56.9	16.0	0.5
One Health Plan of Texas (Dallas)	28.8	55.0	15.6	0.6
One Health Plan of Texas (Houston)	28.3	52.5	18.7	0.6
PacifiCare of Texas (Dallas)	35.1	38.4	24.6	1.9
PacifiCare of Texas (Houston)	38.2	41.0	20.1	0.7
PacifiCare of Texas (San Antonio)	36.8	37.2	24.1	2.0
Parkland Community Health Plan (Northeast TX)	45.5	33.9	20.0	0.6
Prudential HealthCare (Austin)	30.6	43.4	23.0	3.1
Prudential HealthCare (Corpus Christi)	35.1	36.8	25.2	2.9
Prudential HealthCare (El Paso)	34.8	40.9	22.1	2.2
Prudential HealthCare (Houston)	34.3	38.4	25.0	2.2
Prudential HealthCare (North Texas)	32.5	39.2	25.8	2.5
Prudential HealthCare (San Antonio)	34.9	39.4	23.3	2.4
Scott and White Health Plan (Central TX)	35.9	38.5	23.3	2.3
Seton Health Plan (Austin)	FTC	FTC	FTC	FTC
Southwest Health Alliances, FIRSTCARE (Abilene)	37.7	35.2	24.9	2.2
Southwest Health Alliances, FIRSTCARE (Amarillo)	36.5	33.2	27.4	3.0
Southwest Health Alliances, FIRSTCARE (Lubbock)	38.2	36.0	23.8	2.0
Southwest Health Alliances, FIRSTCARE (Waco)	37.8	34.1	25.4	2.7
Texas Health Choice (Dallas)	33.8	37.2	27.2	1.7
United HealthCare of Texas (Austin/San Antonio)	31.8	51.2	16.4	0.6
United HealthCare of Texas (Houston/Corpus Christi)	34.0	43.6	21.7	0.8
United Healthcare of Texas (Dallas)	31.4	47.7	20.1	0.8
Valley Baptist Health Plan (Harlingen)	39.5	40.5	19.0	1.0

FTC: Failed to comply with reporting requirements.

Enrollment by Product Line: Commercial- Females

Plan Name	Age Group 0-19 Years %	Age Group 20-44 Years %	Age Group 45-64 Years %	Age Group 65+ Years %
Texas Average	32.3	43.7	22.6	1.4
Aetna U.S. Healthcare (Houston)	31.6	46.0	21.8	0.6
Aetna U.S. Healthcare (San Antonio)	31.9	48.2	19.4	0.5
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	30.0	45.5	23.6	0.9
AmCare (Statewide)	31.5	45.4	22.6	0.6
Amil International (Austin)	19.7	50.7	28.3	1.3
CIGNA HealthCare of Texas (Dallas)	34.0	46.4	18.9	0.7
CIGNA HealthCare of Texas (Houston)	37.9	41.8	19.9	0.4
Community First Health Plans (San Antonio)	34.1	44.3	20.3	1.3
Family Healthcare Centers (Galveston)	58.5	28.2	12.6	0.7
Health Plan of Texas (Tyler)	35.3	35.4	28.7	0.6
HMO Blue Texas (Austin)	29.8	45.1	23.7	1.5
HMO Blue Texas (Beaumont/Lufkin)	33.0	39.9	25.0	2.0
HMO Blue Texas (Corpus Christi)	34.3	41.5	22.7	1.5
HMO Blue Texas (Dallas)	31.0	42.7	24.6	1.7
HMO Blue Texas (Houston)	31.5	41.0	25.0	2.5
HMO Blue Texas (San Antonio)	29.4	43.0	24.5	3.1
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	27.6	44.9	25.2	2.3
HMO Blue, El Paso (El Paso)	35.3	44.6	19.6	0.6
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	30.8	48.5	19.6	1.1
HMO Blue, Southeast TX (Houston)	31.6	47.7	20.0	0.8
HMO Blue, Southwest TX (Abilene/San Angelo)	33.0	43.4	22.3	1.2
HMO Blue, Southwest TX (Midland)	33.4	43.8	22.2	0.6
HMO Blue, West TX (Panhandle)	32.7	43.6	22.7	0.9
Humana Health Plan of Texas (Austin)	30.8	42.0	24.3	2.9
Humana Health Plan of Texas (Corpus Christi)	31.3	34.7	29.8	4.1
Humana Health Plan of Texas (Dallas)	30.6	45.2	23.2	0.9
Humana Health Plan of Texas (Houston)	33.8	47.1	18.5	0.6
Humana Health Plan of Texas (San Antonio)	29.0	36.9	29.5	4.7
Mercy Health Plan of Missouri (Laredo)	46.8	40.5	12.6	0.2
MethodistCare (Southeast TX)	29.8	45.7	23.8	0.6
One Health Plan of Texas (Austin)	30.2	53.1	16.4	0.3
One Health Plan of Texas (Dallas)	33.3	51.6	14.6	0.5
One Health Plan of Texas (Houston)	32.7	50.6	16.4	0.3
PacifiCare of Texas (Dallas)	32.2	41.6	24.7	1.5
PacifiCare of Texas (Houston)	37.6	42.7	19.2	0.5
PacifiCare of Texas (San Antonio)	30.4	42.8	25.2	1.5
Parkland Community Health Plan (Northeast TX)	29.6	44.4	25.5	0.4
Prudential HealthCare (Austin)	29.3	45.2	22.5	2.9
Prudential HealthCare (Corpus Christi)	31.5	40.4	25.2	2.9
Prudential HealthCare (El Paso)	31.4	45.3	21.3	2.0
Prudential HealthCare (Houston)	30.8	41.8	25.1	2.2
Prudential HealthCare (North Texas)	31.0	41.2	25.2	2.6
Prudential HealthCare (San Antonio)	29.4	43.9	24.4	2.3
Scott and White Health Plan (Central TX)	31.9	42.0	24.1	1.9
Seton Health Plan (Austin)	FTC	FTC	FTC	FTC
Southwest Health Alliances, FIRSTCARE (Abilene)	31.3	40.8	26.4	1.5
Southwest Health Alliances, FIRSTCARE (Amarillo)	31.6	38.6	27.5	2.3
Southwest Health Alliances, FIRSTCARE (Lubbock)	30.4	42.4	25.9	1.3
Southwest Health Alliances, FIRSTCARE (Waco)	29.6	40.9	27.5	2.0
Texas Health Choice (Dallas)	30.0	41.3	27.4	1.4
United HealthCare of Texas (Austin/San Antonio)	32.4	50.6	16.6	0.4
United HealthCare of Texas (Houston/Corpus Christi)	32.3	45.7	21.4	0.5
United Healthcare of Texas (Dallas)	31.2	47.5	20.8	0.6
Valley Baptist Health Plan (Harlingen)	32.1	47.6	19.5	0.7

FTC: Failed to comply with reporting requirements.

Indicators of Financial Stability

Texas licensed HMOs are regulated by the Texas Department of Insurance (TDI) and are subject to stringent financial operating and reporting requirements. HMOs are required by law to file detailed quarterly and annual financial statements that allow TDI to monitor the financial condition of each HMO. To avoid duplicative reporting requirements, THCIC obtained from TDI certain financial data for inclusion in this report. For more detailed information on all HMOs, you may wish to access the TDI website at www.tdi.state.tx.us/company/hmo.

Once again, many HMOs in Texas and across the country reported substantial operating losses during the past years. A number of factors have contributed to the losses, including medical inflation, increased utilization of drugs, and new medical treatment and technologies that are effective but costly. Most HMOs increased premium costs to offset previous losses, but consumers and employers will likely see more rate hikes in the coming year. Many HMOs are also implementing "tiered" co-payment plans for prescription drugs that require lower co-payments for generic medications, and higher co-payments for brand-name drugs and drugs that are not on the HMO's preferred list of "formulary" drugs. Despite the financial losses, however, consumers can be assured that the HMO industry in Texas is generally in good financial condition and will continue to be closely monitored by TDI.

It should be noted that the financial information provided here is based on data reported to the Texas Department of Insurance by HMOs. The data is not audited by TDI, but all HMO financial data is subject to ongoing review and examination by TDI. The data reported herein is subject to change based on reviews by the HMO and TDI and may not reflect amendments filed by the HMO since the data was initially reported to TDI.

The table on the next page provides the following information:

Years in Business: provides the total number of years the plan is in business.
Total Revenue: includes all revenue collected by the HMO, including premiums.
Total Expenses: all expenses paid by the HMO, including medical services and supplies and all administrative costs.
Medical/Hospital Expense Ratio: the percentage of total expenses that an HMO pays for all medical and hospital services provided for its enrollees. The average ratio for all the Texas basic service plans for the year 2000 is 79%. This compares to a 1998 average ratio of 82% and 1999 average ratio of 85%.
Administrative Expense Ratio: the percentage of total expenses that an HMO pays for all administrative and overhead costs such as salaries for management and staff, marketing, rent and utilities. The average ratio was 21% in 2000, compared to 15% in 1999 and 18% in 1999.
After Tax Net Income (Loss): the amount of income left in 2000 after all expenses and taxes are subtracted from revenue received in 2000. Losses are shown with negative signs. This total does not reflect the company's net worth or reserve amounts, but simply provides data on calendar year profits and losses based solely on revenue collected and expenses paid during a twelve month period.

Other Stability Indicators:

Plan Name	Years in Business	Total Revenue $	Total Expenses $	Med/Hosp Exp Ratio %	Admn Exp Ratio %	Net Income (Loss) After Tax $
Aetna U.S. Healthcare (Houston)	14.0	353,658,486	377,114,792	86.9	13.1	-15,265,336
Aetna U.S. Healthcare (San Antonio)	14.0	40,326,624	43,266,266	86.9	13.1	-1,910,767
Aetna U.S. Healthcare of North Texas (Dallas/F	15.0	366,203,970	376,230,275	86.5	13.5	-6,455,152
AmCare (Statewide)	1.7	92,777,833	106,760,524	78.5	21.5	-10,524,691
Amil International (Austin)	4.2	22,682,366	21,734,917	85.1	14.9	947,449
CIGNA HealthCare of Texas (Dallas)	21.0	475,252,540	470,704,324	97.2	2.8	3,304,790
CIGNA HealthCare of Texas (Houston)	21.0	455,532,031	452,677,324	96.4	3.6	2,005,072
Community First Health Plans (San Antonio)	5.0	66,346,800	65,225,710	85.7	14.3	1,121,090
Family Healthcare Centers (Galveston)	3.0	149,800,494	153,153,270	81.9	18.1	-3,352,776
Health Plan of Texas (Tyler)	4.0	22,482,965	21,118,587	78.2	21.8	1,364,378
HMO Blue Texas (Austin)	18.0	70,547,981	92,448,740	88.9	11.1	-16,768,213
HMO Blue Texas (Beaumont/Lufkin)	18.0	93,030,946	113,567,327	86.9	13.1	-15,403,835
HMO Blue Texas (Corpus Christi)	18.0	16,948,678	14,654,676	78.7	21.3	1,429,885
HMO Blue Texas (Dallas)	17.0	107,078,404	154,606,168	76.9	23.1	-38,900,079
HMO Blue Texas (Houston)	18.0	257,729,160	344,954,056	86.2	13.8	-65,953,667
HMO Blue Texas (San Antonio)	18.0	3,561,184	2,684,843	77.7	22.3	627,271
HMO Blue, Central/South TX (Austin/Corpus/R (	6.0	385,317,426	516,899,743	83.2	16.8	-102,796,590
HMO Blue, El Paso (El Paso)	6.0	22,899,515	19,274,028	83.9	16.1	2,695,220
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	6.0	408,216,941	536,173,771	83.2	16.8	-100,101,370
HMO Blue, Southeast TX (Houston)	6.0	156,946,258	156,617,173	84.1	15.9	244,645
HMO Blue, Southwest TX (Abilene/San Angelo)	6.0	565,163,199	692,790,944	83.4	16.6	-99,856,725
HMO Blue, Southwest TX (Midland)	6.0	15,157,746	15,903,524	85.9	14.1	-554,419
HMO Blue, West TX (Panhandle)	6.0	35,429,087	35,615,446	79.6	20.4	-187,413
Humana Health Plan of Texas (Austin)	13.0	211,967,908	218,733,268	87.8	12.2	-5,059,812
Humana Health Plan of Texas (Corpus Christi)	17.0	102,409,287	102,201,838	89.7	10.3	155,151
Humana Health Plan of Texas (Dallas)	6.0	44,653,289	55,177,163	81.4	18.6	-7,870,805
Humana Health Plan of Texas (Houston)	6.0	434,703,370	536,231,565	87.3	12.7	-75,932,937
Humana Health Plan of Texas (San Antonio)	13.0	244,023,902	243,356,820	83.9	16.1	497,890
Mercy Health Plan of Missouri (Laredo)	5.0	16,097,208	16,903,659	85.5	14.5	-806,451
MethodistCare (Southeast TX)	4.0	181,046,486	217,017,731	88.3	11.7	-35,971,245
One Health Plan of Texas (Austin)	5.0	16,304,918	17,523,964	83.2	16.8	-785,191
One Health Plan of Texas (Dallas)	5.0	38,367,851	36,557,918	74.5	25.5	1,165,783
One Health Plan of Texas (Houston)	5.0	36,178,822	34,527,001	83.6	16.4	1,063,942
PacifiCare of Texas (Dallas)	14.0	777,809,745	805,422,596	86.1	13.9	-24,090,373
PacifiCare of Texas (Houston)	14.0	185,885,492	207,382,785	88.2	11.8	-19,379,637
PacifiCare of Texas (San Antonio)	14.0	275,812,886	269,940,401	86.4	13.6	4,748,075
Parkland Community Health Plan (Northeast T)	3.0	67,732,569	66,966,402	86.8	13.2	766,167
Prudential HealthCare (Austin)	20.0	66,709,400	67,214,788	86.6	13.4	-505,388
Prudential HealthCare (Corpus Christi)	6.0	13,733,528	18,174,181	87.1	12.9	-4,440,653
Prudential HealthCare (El Paso)	7.0	23,461,424	29,421,633	86.6	13.4	-5,960,209
Prudential HealthCare (Houston)	27.0	267,132,714	280,024,194	87.0	13.0	-12,891,480
Prudential HealthCare (North Texas)	15.0	234,671,315	274,261,284	86.9	13.1	-39,589,969
Prudential HealthCare (San Antonio)	16.0	109,090,540	115,318,519	84.9	15.1	-6,227,979
Scott and White Health Plan (Central TX)	18.0	290,153,190	289,653,191	90.9	9.1	499,999
Seton Health Plan (Austin)	FTC	FTC	FTC	FTC	FTC	FTC
Southwest Health Alliances, FIRSTCARE (Abile	5.0	26,943,620	26,359,983	81.8	18.2	583,636
Southwest Health Alliances, FIRSTCARE (Ama	5.0	51,151,660	52,467,789	84.0	16.0	-1,316,129
Southwest Health Alliances, FIRSTCARE (Lubl	5.0	49,150,699	48,400,416	78.3	21.7	750,282
Southwest Health Alliances, FIRSTCARE (Wac	5.0	39,291,314	42,087,708	82.4	17.6	-2,796,393
Texas Health Choice (Dallas)	22.0	177,760,055	314,510,109	48.6	51.4	-136,750,054
United HealthCare of Texas (Austin/San Antoni	15.0	130,578,710	132,227,029	81.6	18.4	-939,542
United HealthCare of Texas (Houston/Corpus (	15.0	222,157,504	228,422,927	81.4	18.6	-3,571,769
United Healthcare of Texas (Dallas)	14.0	241,244,896	244,678,690	80.8	19.2	-1,957,740
Valley Baptist Health Plan (Harlingen)	3.0	15,683,796	16,952,376	79.4	20.6	-1,268,580

FTC: Failed to comply with reporting requirements.
Source of financial data: Texas Department of Insurance

TECHNICAL APPENDIX

Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS® 2001 gives plans a choice to use either an administrative records or a hybrid method to calculate many of the performance measures reported by *Straight Talk*, particularly in the effectiveness of care (except for advising smokers to quit) and use of services domains. The administrative records approach involves the following steps:

1) All records in a health plan's administrative database are queried to determine the eligible population for a certain measure, and this becomes the denominator for the measure.
2) The selected records are reviewed to identify the members who availed the service/procedure and included in the numerator.
3) The members with contra indication to the service/procedure are excluded from the denominator.
4) A rate is calculated.

The hybrid method, on the other hand, is sample driven and requires random selection of enrollees to form the denominator followed by examination of administrative and medical records for evidence of a numerator event.

A third data gathering and analysis method, survey research, is used for the Satisfaction with the Experience of Care domain and for the advising smokers to quit measure presented in the Effectiveness of Care domain. The standardized survey instrument employed for HEDIS® 2001 is the Consumer Assessment of Health Plans Study, Version 2.0 (CAHPS® 2.0H). This survey is administered through mail with a telephone follow-up to members not responding by mail.

It asks consumers to score various aspects of their experience with their health plan. Health plans are required to contract with independent survey vendors certified by NCQA to administer the survey.

HEDIS® 2001 requires continuous enrollment of members counted for rate denominators. Continuous enrollment criteria are measure specific, but typically this condition is satisfied when an individual is an active plan member for the duration of time under review, usually one year. One break in enrollment of up to 45 days per year is usually allowed to account for a change in employment.

HEDIS® measures reported in *Straight Talk* meet rigorous standards for public release. Texas Health Care Information Council required review of all health plan data submissions by an NCQA licensed auditor. Data not certified through this process are denoted in *Straight Talk* with an "NR" (Not Reportable). Other data may meet NCQA audit standards but are suppressed due to statistical considerations. These situations, which include rates calculated from less than 30 denominator observations, are designated as "NA" (Not Applicable). All data underwent a final review by Texas Health Care

Information Council before publication. Data which were found to have errors confirmed by the plans upon this final review are designated with an "NP" (Not Published).

Measures from Effectiveness of Care, Health Plan Stability, Health Plan Descriptive, and Use of Services domains were tested using a 95% confidence interval to determine if they differ significantly from the average of all HMOs in the State. NCQA suggests the following formula for statistical significance testing on HEDIS® measures:

$$(\text{Planrate} - \text{*Stateavg}) \pm 1.96 \sqrt{(\text{SE plan})^2 + (\text{SE *Stateavg})^2}$$

Where:

Planrate = rate reported for the plan
*Stateavg = unweighted mean for all plans in Texas minus the comparison plan
SE plan = standard error for the plan
SE *Stateavg = standard error for the average for all plans in Texas

The equation for a plan standard error (SE plan) is as follows:

$$\sqrt{\frac{p(1-p)}{m-1}}$$

Where:

m = number of members in the sample
p = plan rate

The standard error for all plans in Texas (minus the comparison plan) is calculated like this:

$$\sqrt{\frac{1}{n^2} \sum_{i}^{n} \frac{1}{m_i - 1} p_i(1-p)_i}$$

Where:

n = number of plans with valid rates minus 1
i = a plan
m = number of members in the sample
p = plan rate

Rates are considered statistically significant if the interval produced by the above test does not include zero. The *Straight Talk* summary section (found on pages 11-17) reports measures with a ⇔ sign when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the performance of the measure is reported as either better (⇑) or worse (⇓) than the state average.

Results of HEDIS® statistical significance testing should be interpreted carefully as should any conclusions drawn from direct comparisons of plans. Statistical tests account only for random or chance variations in measurement. HEDIS® does not control for underlying differences in plan population characteristics such as age or health status. For some HEDIS® measures this lack of risk adjustment could lead readers to erroneously accept the proposition that apparent superior or inferior performance is due to quality of care when in fact it derives from a positive or negative case mix in member enrollment.

State averages for specific measures were calculated as the arithmetic mean of individual health plan rates when denominators were greater than or equal to 30 observations. Regional averages were calculated in a similar manner for the THCIC HMO consumer guides.

Straight Talk reports benchmarks from NCQA's National Summary Statistics and the U.S. Public Health Service's *Healthy People 2010* where appropriate. NCQA's National Averages are based on HEDIS® data voluntarily reported to NCQA by nearly 360 health plans throughout the country.

NCQA intends its HEDIS® database to serve primarily as a decision and management support tool for benefits managers, consultants, policy makers, and health plans. *Healthy People 2010 is* a set of national objectives for the improved health of Americans set by the United States Public Health Service. *Healthy People 2010* standards are reported in *Straight Talk* because they are widely accepted as goals for public and private health care organizations. However, readers should bear in mind that 1) HEDIS® indicates current health plan performance; *Healthy People 2010* represent expected future performance, 2) HEDIS® measures are for an insured population; *Healthy People 2010* are for the entire population and 3) precise definitions and methods used in HEDIS® and *Healthy People 2010* vary for some measures.

Texas Subset of HEDIS® Commercial 2001 Measures for 2000 Membership

Effectiveness of Care Domain

Childhood Immunization Status (Rotated)
Adolescent Immunization Status: MMR (Rotated)
Advising Smokers to Quit (via CAHPS®)
Breast Cancer Screening
Chlamydia Screening in Women
Cervical Cancer Screening
Cholesterol Management after Acute Cardiovascular Events
Controlling High Blood Pressure
Comprehensive Diabetes Care
Use of appropriate medication: Asthma
Follow-Up after Hospitalization for Mental Illness
Antidepressant Management

Satisfaction with the Experience of Care Domain

CAHPS® 2.0H

Health Plan Stability Domain

Practitioner Turnover
Years in Business and Total Membership

Use of Services Domain

Well-Child Visits in the First 15 Months of Life (Rotated)
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (Rotated)
Inpatient Utilization – General Hospital/Acute Care
Ambulatory Care
Cesarean Section Rate
Births and Average Length of Stay, Newborns
Mental Health Utilization – Inpatient Discharges and Average Length of Stay
Chemical Dependency- Inpatient Discharges and Average Length of Stay

Health Plan Descriptive Information

Board Certification/Residency Completion (Residency Completion not published)
Enrollment by Product Line
Enrollment by Percentage

The measures that will be collected for Texas' HEDIS® 2002 can be found on THCIC's website at *www.thcic.state.tx.us.*

Members Enrolled, Product Reported and NCQA Accreditation Status

Members Enrolled:
The table on the next page shows two columns of commercial HMO enrollment figures as reported by Texas HMOs to the Texas Department of Insurance. The first column is the number used by THCIC to determine an HMO's reporting eligibility for Texas HEDIS® 2001. The second column is the size of that HMO's enrollment at the end of the Texas HEDIS® 2001 reporting year (2000). The latter figure represents the size of the member population that the data included in this report represents.

Product Reported:
Point of service (POS) product is defined as an HMO with an opt-out option. In these types of HMOs, members may choose to receive services either within the HMO's health care systems (i.e., an in-network practitioner) or outside the HMO's health care delivery system (i.e. an out-of-service network practitioner). The level of benefits and/or reimbursement is generally determined by which type the member uses (within or outside of the HMO's provider network). The table on the next page provides a reference as to whether the HMO chose to include its POS enrollment in with its HMO enrollment for reporting Texas HEDIS® 2001. Texas Department of Insurance reports that a total of only 615 HMO members had a POS rider in 2000.

NCQA Accreditation Status:
Another way to compare quality is to use information about accreditation. Accreditation is a "seal of approval". To earn accreditation, organizations must meet national standards, often including clinical performance measures. Organizations choose whether to participate in accreditation progams[1], in part because of the expense involved. The chart on the next page includes information on those Texas HMOs who have chosen to seek accreditation from NCQA. NCQA has eight levels of accreditation. In the accompanying chart, Texas HMOs have attained one of three levels: Excellent, Commendable, and Accredited. For additional information on NCQA's accreditation program, check NCQA's web site at www.ncqa.org/Pages/Programs/Accreditation.

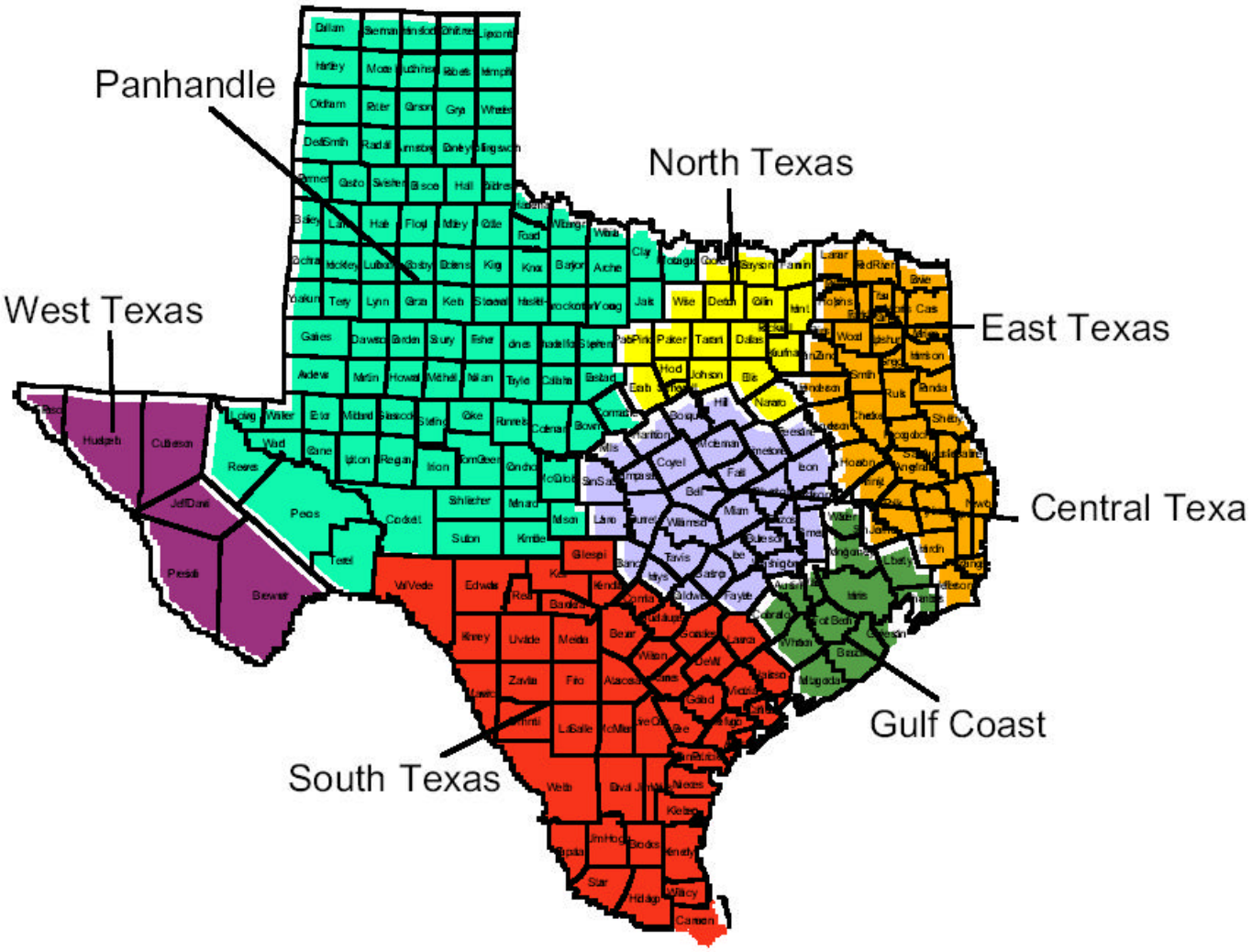
1 Choosing a Health Plan. Your Guide to Choosing Quality Health Care. AHCPR Pub. No. 99-0012, December 1998. Agency for Health Care Policy and Research, Rockville, MD.

Enrollment, Reported Products and NCQA Accreditation Status:

Plan name	Total Enrollment-12/31/99	Total Enrollment-12/31/00	Reporting product	NCQA Accreditation
Aetna U.S. Healthcare (Houston)	169,254	241,448	HMO/POS Combined	Excellent
Aetna U.S. Healthcare (San Antonio)	12,511	45,203	HMO/POS Combined	Excellent
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	137,761	263,247	HMO/POS Combined	Excellent
AmCare (Statewide)	51,301	53,491	HMO/POS Combined	
Amil International (Austin)	12,485	16,256	HMO	
CIGNA HealthCare of Texas (Dallas)	54,078	59,420	HMO/POS Combined	Commendable
CIGNA HealthCare of Texas (Houston)	38,104	67,166	HMO/POS Combined	
Community First Health Plans (San Antonio)	31,765	52,435	HMO	
Family Healthcare Centers (Galveston)	54,552	44,871	HMO	
Health Plan of Texas (Tyler)	11,968	12,105	HMO/POS Combined	
HMO Blue Texas (Austin)	42,150	50,779	HMO/POS Combined	Accredited
HMO Blue Texas (Beaumont/Lufkin)	54,118	62,884	HMO/POS Combined	Accredited
HMO Blue Texas (Corpus Christi)	18,153	21,330	HMO/POS Combined	Accredited
HMO Blue Texas (Dallas)	205,204	172,961	HMO/POS Combined	Commendable
HMO Blue Texas (Houston)	314,124	302,699	HMO/POS Combined	Accredited
HMO Blue Texas (San Antonio)	5,569	4,805	HMO/POS Combined	Accredited
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	543,050	501,795	HMO	
HMO Blue, El Paso (El Paso)	15,188	13,587	HMO	
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	558,238	515,382	HMO	
HMO Blue, Southeast TX (Houston)	54,270	56,006	HMO	
HMO Blue, Southwest TX (Abilene/San Angelo)	612,508	571,388	HMO	
HMO Blue, Southwest TX (Midland)	9,983	8,464	HMO	
HMO Blue, West TX (Panhandle)	18,942	15,913	HMO	
Humana Health Plan of Texas (Austin)	99,935	81,612	HMO	
Humana Health Plan of Texas (Corpus Christi)	22,381	27,943	HMO	
Humana Health Plan of Texas (Dallas)	26,340	20,038	HMO	
Humana Health Plan of Texas (Houston)	42,313	104,016	HMO	
Humana Health Plan of Texas (San Antonio)	84,321	80,586	HMO	
Mercy Health Plan of Missouri (Laredo)	7,698	13,783	HMO	
MethodistCare (Southeast TX)	60,314	93,003	HMO	
One Health Plan of Texas (Austin)	7,499	11,636	HMO	
One Health Plan of Texas (Dallas)	13,492	20,111	HMO	
One Health Plan of Texas (Houston)	16,410	22,314	HMO	
PacifiCare of Texas (Dallas)	48,459	289,632	HMO	Commendable
PacifiCare of Texas (Houston)	38,998	73,501	HMO	Commendable
PacifiCare of Texas (San Antonio)	89,284	97,137	HMO	Commendable
Parkland Community Health Plan (Northeast TX)	35,375	48,399	HMO	
Prudential HealthCare (Austin)	42,902	33,449	HMO/POS Combined	Commendable
Prudential HealthCare (Corpus Christi)	12,035	3,982	HMO/POS Combined	
Prudential HealthCare (El Paso)	16,544	11,922	HMO/POS Combined	
Prudential HealthCare (Houston)	170,298	116,261	HMO/POS Combined	Commendable
Prudential HealthCare (North Texas)	201,091	103,611	HMO/POS Combined	
Prudential HealthCare (San Antonio)	86,364	58,218	HMO/POS Combined	Commendable
Scott and White Health Plan (Central TX)	153,367	154,575	HMO	Excellent
Seton Health Plan (Austin)	FTC	FTC	FTC	
Southwest Health Alliances, FIRSTCARE (Abilene)	15,018	12,854	HMO	
Southwest Health Alliances, FIRSTCARE (Amarillo)	30,319	18,303	HMO	
Southwest Health Alliances, FIRSTCARE (Lubbock)	31,306	25,372	HMO	
Southwest Health Alliances, FIRSTCARE (Waco)	21,121	22,867	HMO	
Texas Health Choice (Dallas)	92,204	80,395	HMO/POS Combined	
United HealthCare of Texas (Austin/San Antonio)	72,619	74,809	HMO/POS Combined	Commendable
United Healthcare of Texas (Dallas)	117,570	143,214	HMO/POS Combined	Commendable
United HealthCare of Texas (Houston/Corpus Christi)	34,813,340	122,912	HMO/POS Combined	Accredited
Valley Baptist Health Plan (Harlingen)	7,264	11,018	HMO	

FTC: Failed to comply with reporting requirements.

THCIC HMO Reporting Regions - Texas HEDIS® 2001



THCIC publishes an individual consumer guide 'Your HMO Quality Check-Up' for each region of Texas. HMOs appear in the regional guide if they serve one or more counties within that region. Information on individual HMOs may be reported in several guides if they provide services to all or part of the counties within two or more regions. THCIC's consumer guides can be found at www.thcic.state.tx.us.

CAHPS Response Rate:

Plan Name	Response Rate
Texas Average	36%
National (NCBD) Average*	48%
Aetna U.S. Healthcare (Houston)	31%
Aetna U.S. Healthcare (San Antonio)	31%
Aetna U.S. Healthcare of North Texas (Dallas/Ft Worth)	30%
AmCare (Statewide)	27%
Amil International (Austin)	44%
CIGNA HealthCare of Texas (Dallas)	46%
CIGNA HealthCare of Texas (Houston)	42%
Community First Health Plans (San Antonio)	43%
Family Healthcare Centers (Galveston)	42%
Health Plan of Texas (Tyler)	56%
HMO Blue Texas (Austin)	37%
HMO Blue Texas (Beaumont/Lufkin)	36%
HMO Blue Texas (Corpus Christi)	38%
HMO Blue Texas (Dallas)	33%
HMO Blue Texas (Houston)	32%
HMO Blue Texas (San Antonio)	34%
HMO Blue, Central/South TX (Austin/Corpus/Rio Grande Valley/San Antonio)	34%
HMO Blue, El Paso (El Paso)	36%
HMO Blue, Northeast TX (Dallas/Ft Worth/Tyler)	26%
HMO Blue, Southeast TX (Houston)	27%
HMO Blue, Southwest TX (Abilene/San Angelo)	39%
HMO Blue, Southwest TX (Midland)	29%
HMO Blue, West TX (Panhandle)	36%
Humana Health Plan of Texas (Austin)	40%
Humana Health Plan of Texas (Corpus Christi)	37%
Humana Health Plan of Texas (Dallas)	34%
Humana Health Plan of Texas (Houston)	33%
Humana Health Plan of Texas (San Antonio)	45%
Mercy Health Plan of Missouri (Laredo)	35%
MethodistCare (Southeast TX)	51%
One Health Plan of Texas (Austin)	28%
One Health Plan of Texas (Dallas)	25%
One Health Plan of Texas (Houston)	20%
PacifiCare of Texas (Dallas)	38%
PacifiCare of Texas (Houston)	34%
PacifiCare of Texas (San Antonio)	53%
Parkland Community Health Plan (Northeast TX)	45%
Prudential HealthCare (Austin)	22%
Prudential HealthCare (Corpus Christi)	19%
Prudential HealthCare (El Paso)	25%
Prudential HealthCare (Houston)	16%
Prudential HealthCare (North Texas)	16%
Prudential HealthCare (San Antonio)	15%
Scott and White Health Plan (Central TX)	57%
Seton Health Plan (Austin)	FTC
Southwest Health Alliances, FIRSTCARE (Abilene)	53%
Southwest Health Alliances, FIRSTCARE (Amarillo)	61%
Southwest Health Alliances, FIRSTCARE (Lubbock)	54%
Southwest Health Alliances, FIRSTCARE (Waco)	50%
Texas Health Choice (Dallas)	30%
United HealthCare of Texas (Austin/San Antonio)	37%
United Healthcare of Texas (Dallas)	35%
United HealthCare of Texas (Houston/Corpus Christi)	37%
Valley Baptist Health Plan (Harlingen)	40%

FTC: Failed to comply with reporting requirements.

* National CAHPS® Benchmarking Database (NCBD), developed and maintained by Agency for Healthcare Research and Quality (AHRQ), provides national benchmarks to facilitate comparisons. Nationwide more than 790 health plans participated in this project.

We would appreciate your feedback…

THCIC has attempted to anticipate the needs of employer purchasers, along with other potential users of this report. In the spirit of continuous quality improvement, we would very much appreciate your feedback. Included as the last page of this report is a form for use in sharing your experience of using this decision support tool. Please take the time to forward your feedback, or if you would prefer, we are happy to accept feedback via a phone call, fax, or email.

THCIC address information is at the bottom of the feedback form. We also encourage you to check our website on a regular basis. This is the primary resource for updated information on the plans, policies and procedures of the Texas Health Care Information Council.

Texas Health Care Information Council
206 East 9th Street, Suite 19.140
Austin, Texas 78701
Phone: (512)482-3312, Fax: (512)453-2757
www.thcic.state.tx.us

Please provide the following information, along with anything else you would like to point out, and fax or send this form to the HMO Data Collection Program the Texas Health Care Information Council (note address info at bottom). Your assistance in providing this input is greatly appreciated.

Institution/Company Name:

Institution/Company Address:

City, State, ZIP Code:

Institution/Company Website Address:

Your Telephone Number (optional):

Your Fax Number (optional):

Your E-mail Address (optional):

1. What did you like best?

2. What did you like least?

3. What changes do you suggest?

4. Do you have any other questions or comments about this report?